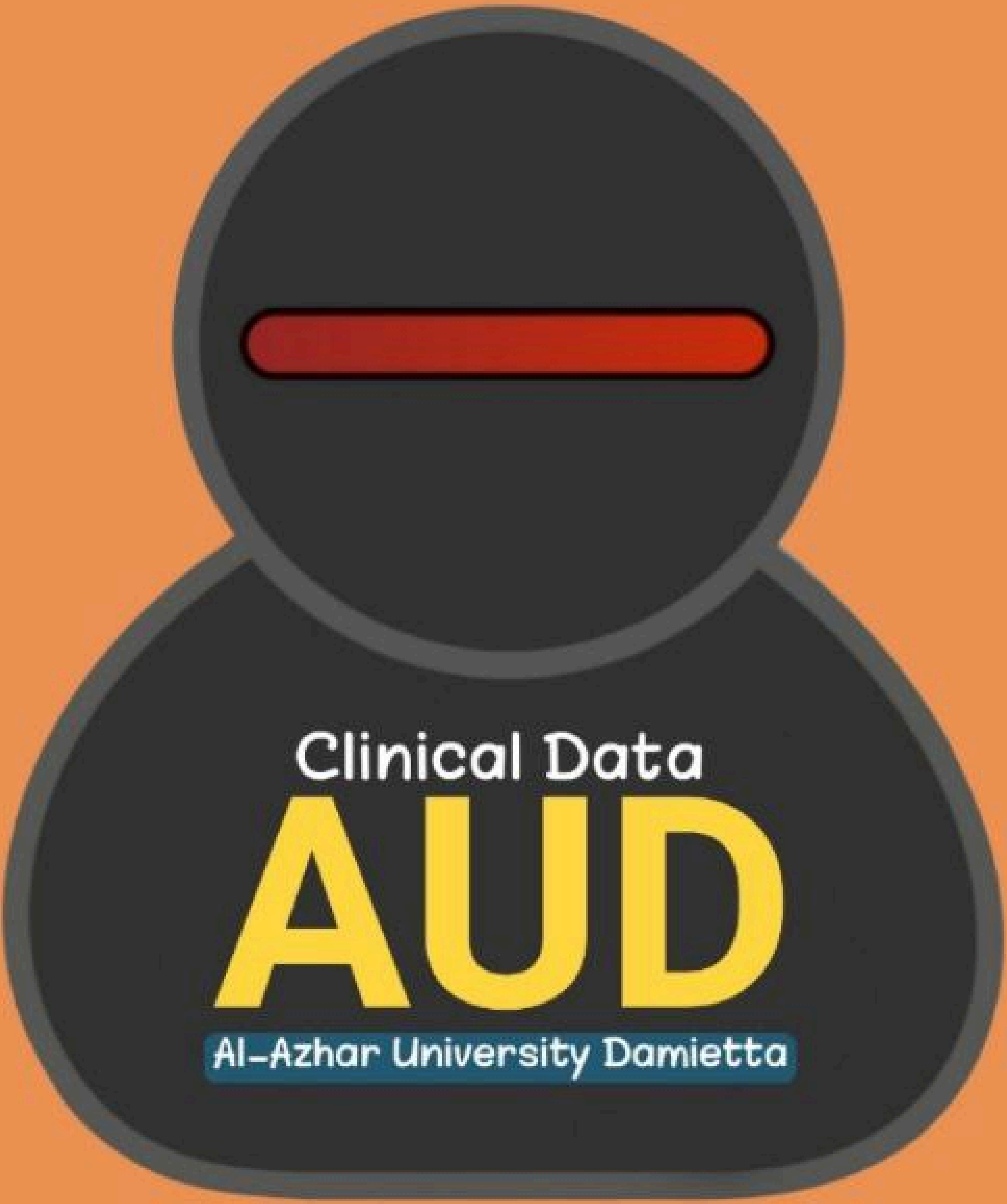
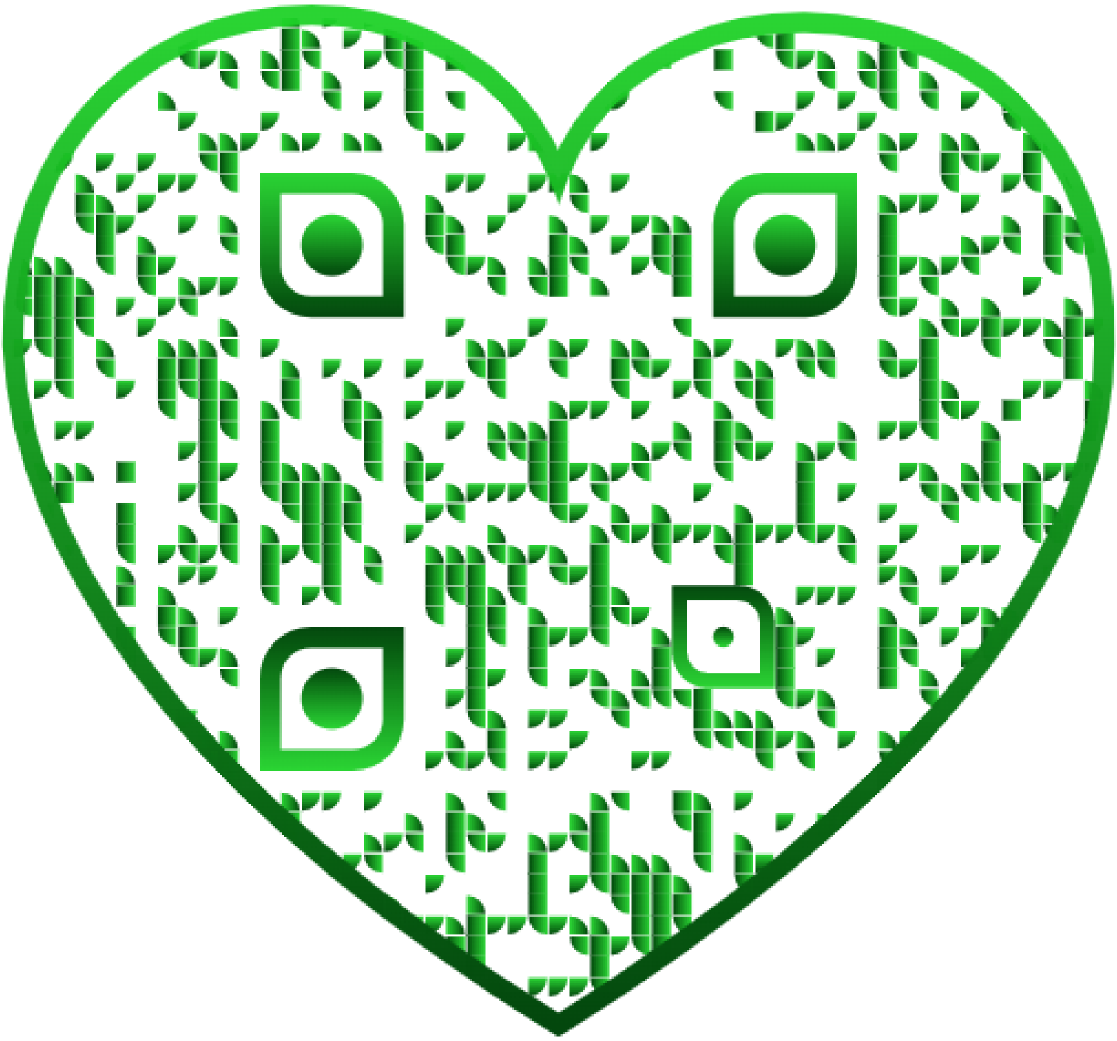

Clinical Data
AUD
Al-Azhar University Damietta

Telegram: @AUData_bot

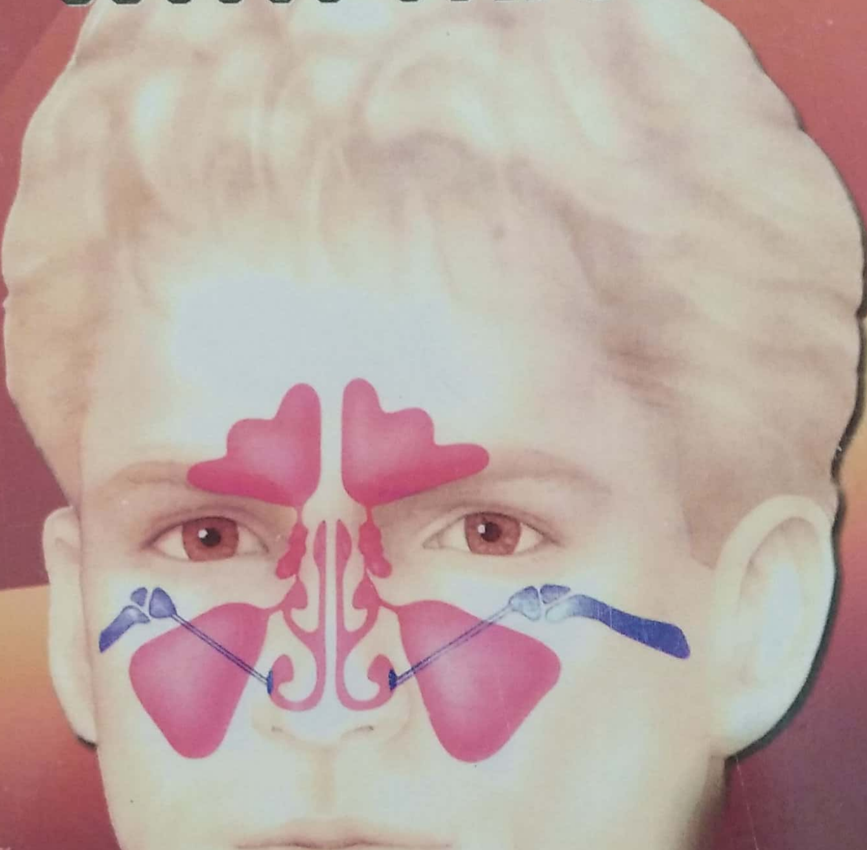
https://t.me/AUData_bot



MCQs & Problem solving in

E.N.T.

WITH TRICKS



By

MOSAAD ABDEL-AZIZ

Professor of Otorhinolaryngology
Faculty of Medicine
Cairo University

Contents

Ear I

Anatomy and physiology 1
Diseases of the external ear 9
Diseases of the middle ear 17
Diseases of the inner ear and vestibulocochlear nerve 37
The facial nerve 41
Symptomatolology 47
Audiology 53
Operations 56
Problem solving of the ear 61

Nose II

Anatomy and physiology 71
Congenital, and traumatic diseases 75
Inflammatory diseases, nasal septum, and rhinosinusitis 79
Allergic rhinitis and tumors 88
Symptomatology and operations 94
Problem solving of the nose 103

Throat III

Pharynx 109
Anatomy and physiology of the pharynx 109
Inflammations and suppurations of the pharynx 113
Tumors, pouch, symptomatology, and operations of the pharynx 123
Esophagus and palate 131
Larynx 136
Anatomy and Physiology of the Larynx 136
Congenital, Traumatic, and Inflammatory diseases of the Larynx 139
Tumors, Paralysis, Symptomatology, and Operations of the larynx 143
Laser, Phoniatrics, and Neck swellings 151
Problem solving of the throat 155

Answers of ear MCQs and problem solving 165

Answers of nose MCQs and problem solving 168

Answers of throat MCQs and problem solving 170

EAR

Anatomy and physiology of the ear

1. The external auditory canal is formed of:

a. Outer cartilaginous two thirds and inner bony one third.
b. Outer cartilaginous one third and inner bony two thirds.
c. Outer cartilaginous half and inner bony half
d. Cartilage only lined by skin.

2. The wax is secreted from:

a. Sebaceous and ceruminous glands in the inner third of external auditory canal.
b. Sebaceous and ceruminous glands in the outer third of external auditory canal.
c. Hair follicles in the inner third of external auditory canal.
d. Hair follicles in the outer third of external auditory canal.

3. Tympanic membrane does not show the following landmark:

a. Cone of light
b. Handle of malleus
c. Short process of incus
d. Anterior and posterior malleolar folds

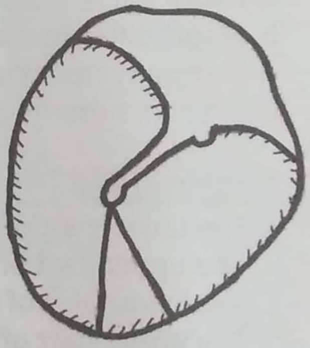
The antero-inferior wall of EAC is longer than the postero-superior wall as the tympanic membrane is situated obliquely with 55° antero-inferiorly

4. Landmarks of tympanic membrane include the following except:

a. Aditus ad antrum
b. Handle of malleus
c. Cone of light
d. Anterior and posterior malleolar folds

5. Regarding the tympanic membrane, the following statement is wrong:

a. The fibrous layer is deficient in the pars flccida.
b. Surrounded by a fibrous annulus all round.
c. The handle of malleus is embedded in its middle layer
d. It is oval in shape.



6. In otoscopic ear examination, we pull the auricle:

a. Anteriorly and inferoirly
b. Anteriorly and superiorly
c. posteriorly and inferiorly
d. Posteriorly and superiorly

7. The internal carotid artery is related to:

a. Posterior wall of middle ear cavity
b. Inferior wall of middle ear cavity
c. Superior wall of middle ear cavity
d. Anterior wall of middle ear cavity

8. The internal jugular vein is related to:

a. Posterior wall of middle ear cavity
b. Inferior wall of middle ear cavity
c. Superior wall of middle ear cavity
d. Anterior wall of middle ear cavity

9. The following structure is not included in the middle ear cleft:

a. Mastoid antrum
b. Incus

c. Hypotympanum
d. Jugular bulb

10. Not included in the middle ear cleft:
a. The Eustachian tube
b. The tympanic cavity
c. The endolymphatic sac
d. The aditus ad antrum

The anterior wall of the middle ear is related to 3 canals?, its posterior wall is related 3 structures, its lateral wall is related to 3 structures (drum, bone above and bone below), and its medial wall is related to 6 structures?

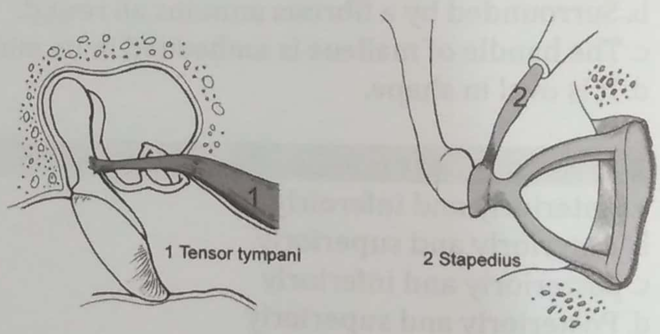
11. Tensor tympani tendon is attached to:
a. Incus
b. Malleus
c. Stapes
d. Promontory

12. The stapedius muscle is supplied by:
a. Auriculotemporal nerve
b. Lingual nerve
c. Facial nerve
d. Chorda tympani

Two muscles in middle ear:
- Tensor tympani supplied by trigeminal nerve through its mandibular branch
- Stapedius supplied by facial nerve
Two nerves in middle ear:
- Chrda tympani of facial nerve
- Tympanic (Jackbson's) of glossopharyngeal nerve

13. The promontory is:
a. The first turn of the cochlea
b. The apex of the cochlea
c. The base of the vestibule
d. The medial wall of the antrum.

14. Tensor tympani muscle is supplied from:
a. Facial nerve
b. Mandibular nerve
c. Chorda tympani nerve
d. Greater superficial petrosal nerve



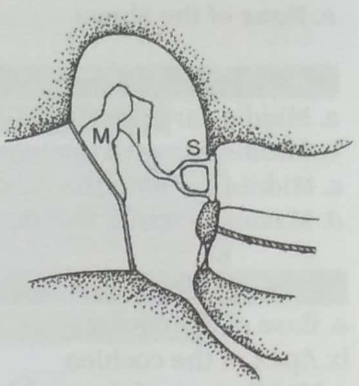
15. The attic is:
a. The lower part of middle ear cavity
b. The upper part of middle ear cavity
c. The lower part of mastoid antrum
d. The upper part of mastoid antrum

16. Tympanic plexus that innervate the middle ear is a branch of:
a. Facial nerve
b. Vagus nerve
c. Glossopharyngeal nerve
d. Trigeminal nerve

17. The following structures are contents of the middle ear except:
a. Malleus
b. Incus
c. Air
d. Stapes
e. Auriculotemporal nerve

18. Contents of middle ear include the following except one:

a. Stapes
b. Tensor tympani muscle
c. Greater auricular nerve
d. Incus
e. Chorda tympani

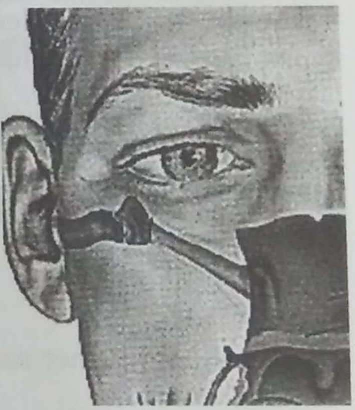


19. A content of middle ear cavity:
a. Basal turn of the cochlea
b. Round window
c. Incus
d. Jugular bulb

20. All the following structures are related to the posterior wall of the middle ear except:
a. Processus cochleariformis
b. Pyramid
c. Facial bony canal
d. Aditus ad antrum

21. The Eustachian tube opens in the middle ear through:
a. Its lateral wall
b. Its medial wall
c. Its anterior wall
d. Its posterior wall

22. All the following structures are related to the anterior wall of the middle ear except:
a. Eustachian tube
b. Tensor tympani tendon
c. Facial bony canal
d. Carotid canal



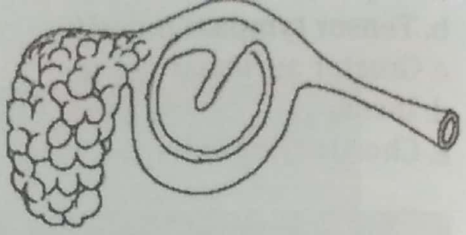
23. The Eustachian tube communicates:
a. The tympanic cavity with the nose
b. The tympanic cavity with the nasopharynx
c. The attic with the mastoid antrum
d. The tympanic cavity with the sinuses

24. The function of the Eustachian tube is:
a. Ventilation of the inner ear.
b. Resonance of sound
c. Aeration and drainage of mucus secretion of middle ear
d. Aeration of the cochlea

25. The Eustachian tube normally opens during the following except:
a. Sneezing
b. Swallowing
c. Coughing
d. Yawning

26. The Eustachian tube of children is characterized by the following:
a. More horizontal than of adults
b. Shorter than of adults
c. Wider than of adults
d. All the above

e. None of the above



27. The aditus ad antrum connects:
a. Middle ear with the Eustachian tube
b. Middle ear with the inner ear
c. Middle ear with the mastoid
d. Mastoid antrum and the Eustachian tube

Low tone sound is perceived by the apex of the cochlea, and high tone sound is perceived by its base

28. Sound of low tone is perceived by:
a. Base of the cochlea
b. Apex of the cochlea
c. Middle turn of the cochlea
d. Saccule of the inner ear

29. The oval and round windows are opening in:
a. The cochlea
b. The vestibule
c. The semicircular canals
d. The mastoid antrum

30. The following structure is not a content of the middle ear:
a. Chorda tympani
b. Facial nerve
c. Tympanic plexus
d. Malleus

31. Scala vestibuli and scala tympani are connected together at:
a. The apex of the cochlea
b. The base of the cochlea
c. Endolymphatic sac
d. Medial wall of the middle ear

32. The organ of Corti which is responsible for perception of sound is present in:
a. Scala tympani
b. Scala vestibuli
c. scala media
d. Utericle of the inner ear

33. The following nerves pass through the jugular foramen except:
a. Glossopharyngeal neve
b. Vagus nerve
c. Accessory nerve
d. Abducent nerve

The lower 4 cranial nerves pass through the jugular foramen

34. The following structure is related to the medial wall of the mastoid antrum:
a. Promontory
b. Vestibule
c. Lateral semicircular canal
d. Superior semicircular canal

35. Sound amplification in the middle ear is done by:
a. Surface areal ratio between tympanic membrane and oval window
b. Lever action of the ossicles

c. All the above
d. None of the above

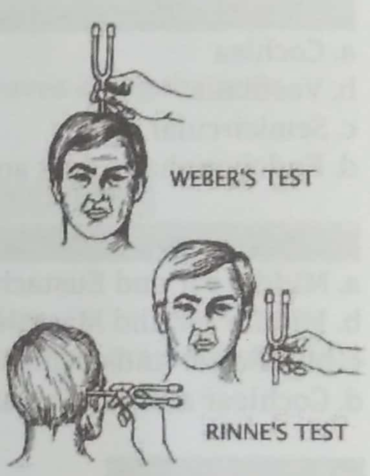
36. Regarding the semicircular canals, which of the following statement is wrong?
a. They maintain the balance in angular acceleration
b. They are positioned at right angle to each other
c. They open in the cochlea by 6 openings
d. Each canal has a dilated end called ampulla

SCCs open in the vestibule by 5 openings as the superior and posterior canals have a common union

37. Phase difference mechanism which is the inward movement of the oval window and outward movement of the round window during hearing:
a. Has a damping effect that protect the inner ear from acoustic trauma
b. Has sound amplification function
c. Plays a role in equilibrium
d. Plays a role in ventilation of the middle ear

38. In Weber test, which of the following statement is wrong?
a. The sound lateralizes to the more affected ear if the patient has bilateral CHL
b. The sound lateralizes to the less affected ear if the patient has bilateral SNHL
c. The sound lateralizes to the normal ear in unilateral SNHL
d. The sound is heard in midline in unilateral CHL

39. An adult male with bilateral Rinne positive and Weber test lateralized to left side, he has:
a. Rt SNHL
b. Rt CHL
c. Lt SNHL
D. Lt CHL



HEARING TESTS

40. Rinne test positive means:
a. Air conduction is better than bone conduction
b. Bone conduction is better than air conduction
c. Bone conduction is equal to air conduction
d. Severe unilateral SNHL

41. In Valsalva maneuver, the test is done by:
a. Blowing of the closed nose
b. Blowing of the closed mouth
c. Blowing of the closed nose and mouth
d. Pumping of a pneumatic Siegle otoscope

42. The Following is true about the tympanic membrane except:
a. It is rounded in shape.
b. It is placed obliquely forming acute angle with meatus anteriorly and obtuse one posteriorly.
c. The normal tympanic membrane is pearly white in color.
d. The cone of light reflex is located in the antero-inferior part.

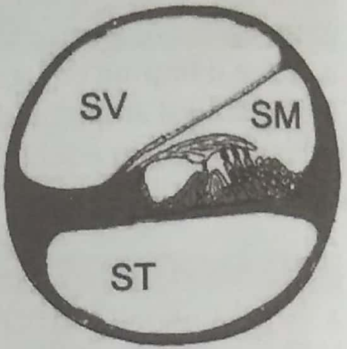
43. The following is true about the Eustachian tube except:
a. It ends 1 cm behind the posterior end of the inferior turbinate.
b. The upper 1/3 is bony while the lower 2/3 is fibrocartilagenous.
c. It is normally opened at rest.
d. It is controlled by palatal muscles.

44. The annulus which is a fibrous ring, surrounds:

a. The whole tympanic membrane
b. The pars flaccida only
c. The pars tensa only
d. The handle of malleus only.

45. The following structure of the inner ear is situated in the medial wall of the mastoid antrum:

a. Lateral semicircular canal
b. Superior semicircular canal
c. Posterior semicircular canal
d. Promontory of the cochlea



46. The bony cochlea of the inner ear opens in:

a. Superior semicircular canal
b. Posterior semicircular canal
c. The vestibule
d. The three semicircular canals by 5 openings

47. Which of the following structure is concerned with hearing?

a. Cochlea
b. Vestibule
c. Semicircular canals
d. Endolymphatic duct and sac

48. Mixed hearing loss can result from lesions in:

a. Middle ear and Eustachian tube
b. Middle ear and Mastoid
c. Middle ear and cochlea
d. Cochlear and vestibular parts of the inner ear

49. In Rinne's test:

a. In sensorineural hearing loss: air conduction is equal to bone conduction.
b. In conductive hearing loss: air conduction is equal to bone conduction.
c. In conductive hearing loss: bone conduction is better than air conduction.
d. In sensorineural hearing loss: bone conduction is better than air conduction.

50. In Weber's test:

a. In unilateral conductive hearing loss: sound is heard better in the diseased ear.
b. In unilateral conductive hearing loss: sound is heard better in the healthy ear.
c. In unilateral sensorineural hearing loss: sound is heard equally in both ears.
d. In unilateral sensorineural hearing loss: sound is heard better in the diseased ear.

51. Schwabach's test is:

a. Comparison between air & bone conduction of the same ear.
b. Comparison of bone conduction of both ears at the same time.
c. Comparison of duration of bone conduction of the patient & the examiner.
d. Comparison of duration of air conduction of the patient & the examiner.

52. The middle ear magnifies the sound:

a. 15 times.
b. 20 times.

In Weber test: the sound is directed to the more conductive affected side, and away from sensorineural affected side

c. 30 times.
d. 40 times.

53. The medial wall of the middle ear shows the following except:
a. The oval window.
b. The promontory.
c. The round window.
d. The pyramid.

54. All are true about the Eustachian tube except:
a. It opens during swallowing.
b. It ventilates the middle ear.
c. It is wider & horizontal in children.
d. It opens in the oropharynx.

55. With regard to the cochlea, which of the following statement is true?
a. It is completely embedded in the mastoid bone.
b. It is divided into two canals along its length by membranes.
c. The scala media is filled with perilymph fluid.
d. The scala vestibuli and scala tympani meet at the apical end of the cochlea, called the helicotrema.
e. The stapes is set in the round window, which conducts sound waves along the scala vestibuli.

56. With regard to the organ of Corti, which of the following statement is true?
a. It consists of hair cells, supporting cells, nerve terminals and the tectorial membrane.
b. It lies on the Reissner's membrane within the cochlear ducts.
c. It is concerned with hearing and equilibrium in linear acceleration.
d. The outer hair cells provide most of the auditory input to the brain via cranial nerve VIII.

57. Stapes footplate covers?
a. Round window
b. Oval window
c. Interior sinus tympani
d. Pyramid

58. The objective of using the seigel's speculum during ear examination is?
a. Magnification
b. Assessment of movement of the tympanic membrane
c. Removal of foreign body from the ear
d. Removal of wax from ear canal

59. Which drum perforation can cause more hearing loss?
a. Antero-inferior perforation at the position of the cone of light.
b. Superior perforation in the pars flaccid.
c. Central perforation in the pars tensa.
d. Posterior perforation opposite the oval and round window.

60. The neuroepithelium concerned with equilibrium in linear acceleration is?
a. Organ of Corti
b. Crita ampullaris
c. Macula
d. Stria vascularis

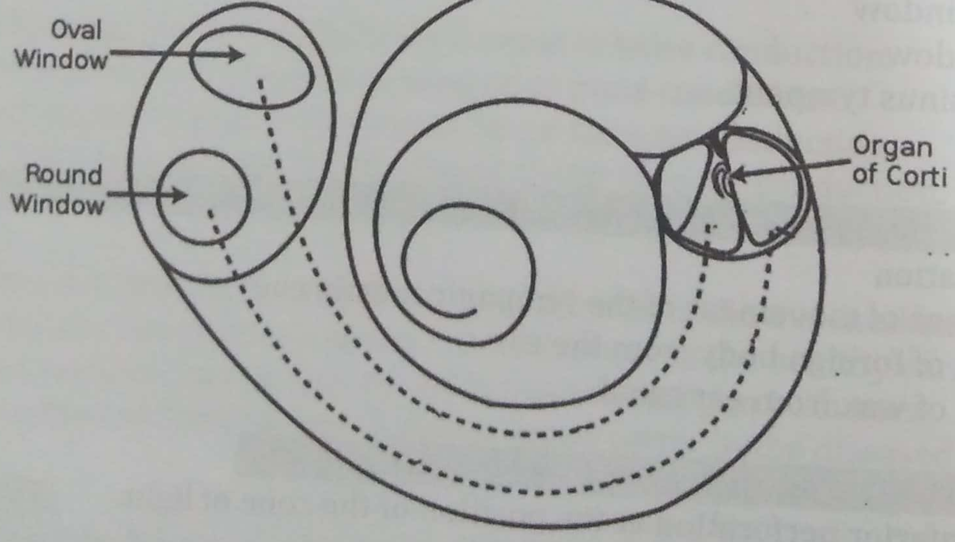
61. The medial wall of the mastoid antrum shows the following structure:
a. Promontory
b. Lateral semicircular canal
c. Superior semicircular canal
d. Posterior semicircular canal

62. Otoliths or otoconia which are calcium carbonate crystals are present in:
a. Maculae of utricle and saccule
b. Crita ampullaris of semicircular ducts
c. Organ of Corti
d. Stria vasularis

63. The function of the mastoid air cells is:
a. Conduction of sound from middle to inner ear.
b. Equalization of pressure on both sides of the tympanic membrane.
c. Drainage of middle ear secretion.
d. Reservoir of air to the middle ear.

64. The round window covers:
a. Scala media
b. Scala tympani
c. Scala vestibule
d. Endolymphatic duct

65. Which of the following structures secrete endolymph?
a. Stria vascularis
b. Endolymphatic sac
c. Arachnoid villi
d. Organ of Corti

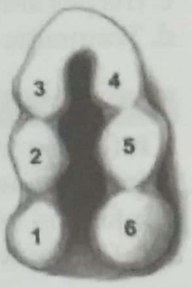


Diseases of the external ear

66. The auricle develops from:
a. The first branchial arch
b. The First branchial cleft
c. The second branchial arch
d. The first and second branchial arches

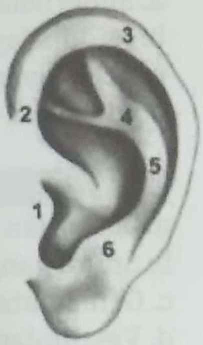
The auricle develops from the 1st and 2nd arches (hillocks of His), while the EAC develops from 1st arch only (from its cleft)

67. The external auditory canal develops from:
a. The first branchial pouch
b. The second branchial pouch
c. The first branchial cleft
d. The first and second branchial clefts



68. Congenital aural (meatal) atresia occurs as a result of:
a. Defect in the development of the first brancial arch
b. Defect in the development of the second brancial arch
c. Defect in the development of the first and second branchial arches
d. Defect in the development of the third branchial arch

69. Congenital anomalies of the external and middle ear results from:
a. Defect in the development of the 1st and 2nd branchial arches
b. Defect in the development of the 2nd and 3rd branchial arches
c. Defect in the development of the 1st and 3rd branchial arches
d. Defect in the development of the 3rd and 4th branchial arches



70. In congenital aural atresia, the type of hearing loss is:
a. Conductive
b. Sensorineural
c. It is usually mixed
d. Conductive but it is rarely mixed

71. In congenital aural atresia, which of the following statement is wrong?
a. Computerized tomography is needed early after birth
b. Auditory brain stem response audiometry is needed early after birth
c. Hearing aid is needed early in bilateral cases
d. Surgery is done at five to six years.

72. Haematoma of the auricle may be caused by:
a. Stab
b. box
c. Gunshot
d. Penetrating injury

CT is a pre-operative investigation in congenital aural atresia, so it is done before the operation

73. From all the following conditions, ear wash can be used to remove foreign body from the external auditory canal only in:
a. Vegetable foreign body
b. Impacted foreign body
c. Animate foreign body
d. Non-cooperative child

74. Perichodritis may be a complication to the following lesion:
a. Infected auricular wound

b. Furuncle in the external canal or in the auricle
c. Blunt trauma
d. None of the above
e. All of the above

75. Cauliflower ear is a sequel to:
a. Perichondritis
b. Bollous myringitis
c. Herpes simplex
d. Traumatic rupture of the tympanic membrane

76. Ramsay-Hunt syndrome is caused by:
a. Infection with herpes simplex virus
b. Infection with chicken box virus
c. Infection with pseudomonas aureginosa
d. Infection with mycoplasma

Herpes zoster is a neurotropic virus, it affects:
- Geniculate ganglion: facial paralysis
- Vestibular ganglion: vertigo
- Spiral ganglion: SNHL

77. Bollous myringitis affects:
a. Superficial layer of the drum
b. Middle layer of the drum
c. deep layer of the drum
d. All layers of the drum

78. Facial paralysis in Ramsay-Hunt syndrome is due to affection of:
a. Gasserian ganglion
b. Spiral ganglion
c. Geniculate ganglion
d. Vestibular ganglion

A patient with earache, facial paralysis, hearing loss, and vesicular eruption = Ramsay-Hunt syndrome

79. All the following are correct about treatment of otomycosis except:
a. Removal of fungal mass by suction
b. Bed rest
c. Removal of fungal mass by forceps
d. Topical antifungal drugs as nystatin, coltrimazole, or gentian violet

80. In Otomycosis, the most common symptom is:
a. Pain
b. Deafness
c. Itching
d. Discharge
e. Verigo

Ear itching is suspicious for otomycosis, if it is followed by earache = bacterial otitis externa on top of otomycosis

81. Pain in cases of otomycosis is caused by:
a. Deep invasion of bone and osteomyelitis
b. Secondary bacterial infection
c. Affection of nerves around the ear
d. None of the above, as otomycosis is usually painful

82. Furuncle occurs only in the outer third of external auditory canal because:
a. It is the part secreting the wax
b. It contains sebaceous glands
c. It contains hair follicles
d. It contains ceruminous glands

83. Furuculosis of external auditory canal is treated by:
a. Glycerin icthyol ear drops
b. Glycerin phenol ear drops
c. Glycerin bicarbonate ear drops
d. Nystatin ear drops
e. Aluminium acetate ear drops

84. Furunculosis of external auditory canal:
a. Occurs only in the cartilaginous part
b. Occurs only in the bony part
c. Can occur in cartilaginous and bony parts
d. Occurs only at the bony-cartilaginous junction

85. The causative organism in ear furuncle is:
a. Proteus
b.Pseudomonas
c. Staph. Aureus
d. E. coli

86. The discharge of bacterial otitis externa is usually:
a. Mucopurulent
b. Purulent
c. Mucoid
d. Watery

87. Diffuse otitis externa is more common in:
a. Cold weather with increased incidence of upper respiratory infections
b. Hot weather with increased humidity
c. Males than females
d. Children than adults because the anatomical feature of the Eustachian tube

88. All the following are correct for treatment of diffuse otitis externa except:
a. Local removal of discharge by suction
b. Ear drops with antibiotic and corticosteroid
c. Surgical treatment by drainage of abscess
d. Antibiotic and analgesic in severe cases

Pain in the ear that increases with mastication ± tender tragus = bacterial otitis

89. All the following diseases are caused by bacterial inflammation of the external auditory canal except:
a. Diffuse otitis externa
b. Furuncle
c. Otomycosis
d. Malignant otitis externa

90. Malignant otitis externa is a:
a. Malignant tumour of the external ear
b. Fungal infection
c. Bacterial infection of the external auditory canal in immune-compromised patient
d. Complication of CSOM

91. The first nerve to be paralyzed in malignant otitis externa is:
a. The trigeminal nerve
b. The facial nerve

c. The glossopharyngeal nerve
d. The vagus nerve

92. Regarding malignant otitis externa, all the following are correct except:
a. It occurs in immune-compromised patients
b. It may cause cranial nerves paralysis
c. It is usually associated with otitis media
d. It involves the bone of the skull base

93. Management of malignant otitis externa includes:
a. Control of diabetes
b. Radiotherapy
c. Antibiotics in large doses
d. b and c
e. a and c

Earache in diabetic patient who developed facial paralysis is suspicious for malignant otitis externa

94. The most diagnostic investigation for malignant otitis externa is:
a. Complete blood picture
b. Magnetic resonance imaging (MRI)
c. Bone scan with contrast
d. Computerized tomography (CT)
e. Biopsy from the lesion

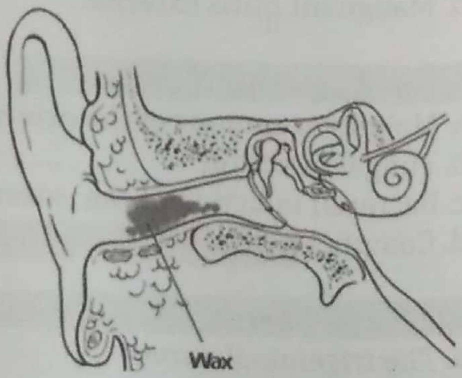
95. Tenderness over the tragus is present in the following diseases except:
a. Furuncle
b. Diffuse otitis externa
c. Malignant otitis externa
d. Otomycosis

96. Exostosis of EAC that may cause conductive deafness is:
a. Fibroma
b. Chondroma
c. Osteoma
d. Lipoma

97. Ear wax is secreted from:
a. Lateral third of the external auditory canal
b. Lateral two thirds of the external auditory canal
c. Medial third of the external auditory canal
d. Medial two thirds of the external auditory canal

98. The following are indications of ear wash except:
a. Acute otitis media
b. Foreign body
c. Wax
d. Caloric test

99. Impacted hard wax is best treated by:
a. Self cleaning by the patient after softening
b. Ear wash after softening
c. Removal under general anaesthesia
d. Removal with the aid of microscopy



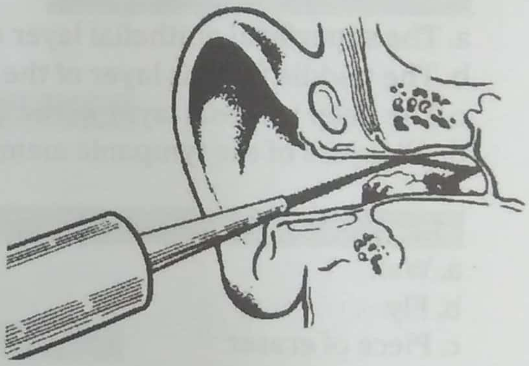
100. The most significant symptom indicating drum rupture during ear wash is:
a. Pain
b. Deafness and tinnitus
c. Sensation of a water passing to the throat
d. Bleeding per ear.

101. Vertigo that may occur during the ear wash may be due to:
a. Stimulation of the vagus nerve
b. Injury of the external auditory canal
c. Injury of the tympanic membrane
d. Too cold or too hot water

Pain, bleeding, or chocking during the ear wash may indicate drum rupture

102. Reflex cough that may occur during the ear wash may be due to:
a. Stimulation of inner ear
b. Stimulation of the glossopharyngeal nerve
c. Stimulation of the vagus nerve
d. Too cold or too hot water

103. To avoid drum injury during ear wash, the syringe is directed to:
a. Anterior and superior
b. Anterior and inferior
c. Posterior and superior
d. Posterior and inferior



104. It is better to avoid ear wash for removal of:
a. Wax
b. Animate foreign body
c. Impacted vegetable foreign body
d. None of the above

105. Pain on mastication is present in:
a. Acute mastoiditis.
b. Otosclerosis.
c. Furunculosis of the external ear.
d. Otomycosis.

106. Surgery for Bilateral microotia and external auditory canal atresia should be done?
a. At birth
b. At 1 year
c. At 6 years
d. After puberty

107. The causative agent in otomycosis is:
a. Aspergillus nigers & / or Candida albicans.
b. Streptococci.
c. Staphylococci.
d. E.coli
e. B. pyocyaneus.

108. In Ramsy-Hunt syndrome, all the following are correct except:
a. It affects the geniculate ganglion of the facial nerve.
b. It affects the spiral ganglion of the cochlear nerve.
c. It affects vestibular ganglion of the vestibular nerve.

d. It causes vesicular eruption on the tympanic membrane.

109. In malignant otitis externa all the following is true except:
a. It is common in old diabetic.
b. There may be facial paralysis.
c. The commonest organism is pseudomonas.
d. Mainly treated surgically.

110. The commonest organism in malignant otitis externa:
a. Streptococci.
b. Pneumococci.
c. Pseudomonas aeroginosa.
d. Moraxella catarrhalis.

111. With regard to accessory auricles, the following statement is wrong:
a. They often contain cartilage.
b. They are found along the intersection between the tragus and the angle of the mouth.
c. There may be more than one present.
d. They cause hearing loss.

112. Bullous myringitis affects:
a. The superficial epithelial layer of the tympanic membrane
b. The middle fibrous layer of the tympanic membrane
c. The deep mucosal layer of the tympanic membrane
d. All layers of the tympanic membrane

113. Which of the following foreign body is best removed by suction and not ear wash?
a. Wax
b. Fly
c. Piece of eraser
d. Peas

114. With regard to pinna haematoma, the following statement is true:
a. It is usually caused by trauma which results in bleeding into the subperichondrial layer.
b. Ideally it should be left to resolve spontaneously.
c. It never result in a cauliflower ear.
d. The area affected by the haematoma should not be compressed after evacuation.

115. With regard to the external acoustic meatus of the outer ear, the following statement is true:
a. The external auditory canal is lined by columnar epithelium.
b. It is innervated by the glossopharyngeal nerve.
c. Its epithelial cells migrate towards the tympanic membrane.
d. The ear drum is located in an oblique position.
e. It is lined by ceruminous glands throughout its course.

116. With regard to otitis externa, the following statement is true:
a. Otitis externa is defined as inflammation of the outer ear.
b. Movement of the pinna is not usually painful.
c. Diabetes can give rise to malignant otitis externa.
d. The ear should be washed thoroughly daily.

117. Ceruminous glands present in the ear are?

a. Modified eccrine glands
b. Modified apocrine glands
c. Mucous glands
d. Modified holocrine glands

118. Perichondritis of the pinna can be caused by the following except:
a. Bollous myringitis
b. Infected wound
c. infected hematoma
d. Furunculosis

119. Exostosis is:
a. A benign tumor of the cartilaginous part of the external ear canal.
b. A benign tumor of the bony part of the external ear canal.
c. A benign tumor that may arises from any part of the external ear canal.
d. Never of a cause of diminution of hearing.

120. Excessive ear wax can cause all the following except:
a. Conductive hearing loss
b. Tinnitus
c. Autophony
d. Sensorineural hearing loss

121. All the following symptoms may occur during ear wash except:
a. Reflex vaso-vagal attack.
b. Vertigo
c. Reflex sneezing
d. Nystagmus

122. Uncontrolled diabetes in an elderly patient may predispose to:
a. Cholesteatoma
b. Meniere's disease
c. Malignant otitis externa
d. Vestibular neuritis

123. Cauliflower ear is a sequel to:
a. Auricular hematoma
b. Bullous myrigitis
c. Herpes simplex
d. Traumatic rupture of the tympanic membrane

124. Which of the following is not a typical feature of malignant otitis externa?
a. Caused by Pseudomonas aeruginosa
b. Patients are usually old
c. Mitiotic figures are high
d. Patient is immuno compromised

125. Drug of choice for treatment of malignant otitis externa?
a. Penicillin
b. Sulphonamide
c. Quinolone
d. Metronidazole

126. Excessive ear wax can cause the following except:
a. Conductive hearing loss
b. Autophony
c. Tinnitus
d. Tenderness over the tragus

127. The following are predisposing factors for infection of the external auditory canal except:
a. Common cold
b. Scratch of the ear
c. Seborrhoea
d. Excessive sweating

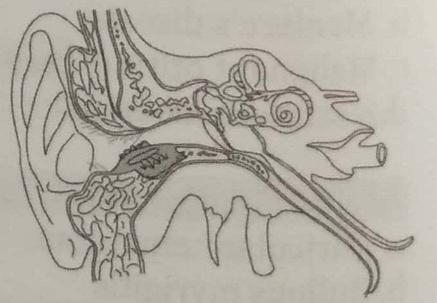
128. The following are complications of ear wash except:
a. Reflex cough
b. Epiphora
c. Chocking
d. Vertigo

129. Exostosis is more common in:
a. Boxers
b. Football players
c. Swimmers
d. Karate players

130. Diffuse otitis externa is more common in:
a. Winter season with coldness
b. Spring season with increased allergy
c. Autumn season
d. Summer season

Furuncle

Diffuse otitis externa



Malignant otitis externa

Diseases of the middle ear

131. All the following organisms are commonly involved in AOM except:
a. Hemophilus influenzae
b. Sterptococcus Pneumoniae
c. Bacteroids
d. Moraxella catarrhalis

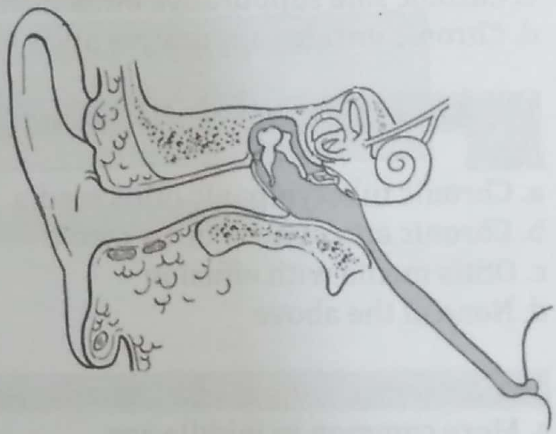
132. The commonest predisposing factor for acute otitis media (AOM) is:
a. Sinusitis
b. common cold
c. Repeated vomiting
d. Infected milk or water passing through the Eustachian tube

133. The predisposing factors of AOM in infants include the following except:
a. Adeniditis, tonsillitis, and exanthemata
b. Teething
c. The longer, narrower and vertical Eustachian tube in children
d. The contaminated milk

134. The most common route for infection to reach the middle ear is through:
a. Traumatic perforation of the tympanic membrane
b. The Eustachian tube
c. Blood stream
d. Retrgrade spread from meningitis

A patient with common cold, developed deafness with earache is suspicious for AOM

135. In catarrhal stage of AOM, all the following are correct except:
a. Deafness
b. Tinnitus
c. Throbbing pain
d. sensation of ear fullness



136. The commonest site for perforation in acute otitis media is:
a. The posterior part of pars tensa
b. The anterior part of pars tensa
c. The anterior part of pars flaccida
d. The posterior part of pars flaccida

137. The following are signs of retracted tympanic membrane except:
a. Prominent lateral process of malleus
b. Loss of cone of light
c. Prominent annulus
d. Prominent anterior and posterior malleolar folds

138. Retracted drum is characterized by all the following except:
a. Disturbed cone of light
b. Prominent lateral process
c. Normal drum mobility
d. Shortened handle of malleus

Any nasal or nasopharyngeal obstruction will lead to Eustachian tube dysfunction and retracted drum

139. Catarrhal Stage of AOM can be treated by the following except:
a. Decongestant nasal drops

b. Analgesics
c. Glycerin phenol ear drops
d. Myringotomy

140. Throbbing severe earache is present in the following stage of AOM:
a. Stage of salpingitis
b. Stage of catarrhal otitis media
c. Stage of suppurative otitis media
d. Stage of tympanic membrane perforation

> *AOM is more in children as the ET is shorter, wider, and more horizontal.*
> *Complications are more in children as the drum is thick (so it may need myringotomy early)*

141. AOM is more common in children than in adults because the following reasons except:
a. Upper respiratory tract infection is more common in children
b. Adenoid is more common in children
c. The drum is thicker in children
d. Dentition decreases the immunity of the children
e. Regurgitation of milk and vomitus is more in children

> *An infant with common cold followed by night crying = AOM*

142. Complications of AOM is more common in children due to the following except:
a. The child usually has low immunity
b. The drum of children is thick
c. Late diagnosis of the disease as the child is unable to define his complaint
d. The Eustachian tube of children is shorter, wider, and horizontal

143. Disappearance of earache and fever with persistence of diminution of hearing after acute otitis media may indicate formation of:
a. Adhesive otitis media
b. Secretory otitis media
c. Chronic safe suppurative otitis media
d. Chronic unsafe suppurative otitis media

144. A child with retracted drum and CHL after inadequate treatment of AOM is suffering from:
a. Chronic tubotympanic otitis media
b. Chronic atticoantral otitis media
c. Otitis media with effusion
d. None of the above

> *In AOM, relief of pain with the appearance of discharge indicates perforation of drum.*
> *But relief of pain with persistent deafness (without discharge) indicates the formation of secretory otitis media (middle ear effusion)*

145. Secretory otitis media is characterized by:
a. More common in middle age
b. Type A curve on tympanogram
c. It is predisposed by enlarged adenoids
d. It is treated by myringoplasty

> *Snorer child (mouth breather) with diminution of hearing = adenoid with secretory otitis media (if earache = AOM)*

146. All the following diseases are predisposing factors for secretory otitis media except:
a. Adenoid
b. Acute otitis media
c. Cleft palate
d. Hypopharyngeal tumour
e. Nasopharyngeal tumour

147. The commonest cause of persistent middle ear effusion in children is:
a. Nasopharyngeal tumour
b. Cleft palate

c. Adenoid
d. Previous radiotherapy

148. An old male with unilateral middle ear effusion may suspect:
a. Angiofibroma
b. Nasopharyngeal carcinoma
c. Middle ear carcinoma
d. Persistent rhinitis with Eustachian tube obstruction

149. An infant with nasal regurgitation and diminution of hearing in both ears may suspect:
a. Upper respiratory tract infection as common cold causing secretory otitis media
b. Cleft palate causing secretory otitis media
c. Angiofibroma causing secretory otitis media
d. Allergic rhinitis causing secretory otitis media

A child with nasal regurgitation and bilateral diminution of hearing = cleft palate with secretory otitis media

150. Type B tympanogram is characteristic for:
a. Adhesive otitis media
b. Secretory otitis media
c. Dislocation of the ossicles
d. Otosclerosis

151. The commonest cause of conductive hearing loss in children is:
a. Adhesive otitis media
b. Secretory otitis media
c. Chronic suppurative otitis media
d. Otosclerosis

A young male with unilateral secretory otitis media and epistaxis is suspicious for Angiofibroma

152. The most diagnostic investigation for secretory otitis media is:
a. Pure tone audiometry
b. X-ray on nasopharynx
c. CT on nasopharynx
d. Tympanometry

An old male with unilateral secretory otitis media is suspicious for nasopharyngeal carcinoma. So nasal endoscopy and CT is needed

153. All the following signs about secretory otitis media are correct except:
a. The drum is retracted
b. The drum shows hair line and bubble behind it
c. The drum is perforated
d. The drum shows prominent lateral process

154. Adhesive otitis media can be caused by the following except:
a. Eustachian tube obstruction for long time
b. Untreated secretory otitis media
c. Healed chronic safe suppurative otitis media
d. Long standing external auditory canal obstruction

155. All the following statements about tympanosclerosis are correct except:
a. It is seen as white patches through the drum
b. It causes conductive hearing loss
c. It may follow myringotomy operation
d. It causes fixation of the footplate of the stapes by new bone formation

156. Central perforation in the pars tensa is usually seen in:
a. Secretory otitis media

b. Chronic unsafe suppurative otitis media (Attico-antral type)
c. Chronic safe suppurative otitis media (Tubo-tympanic type)
d. Adhesive otitis media

157. Safe chronic suppurative otitis media (CSOM) is characterized by the following except:
a. It causes conductive hearing loss
b. It causes central perforation in pars tensa surrounded by rim all round
c. It causes scanty persistent ouderless discharge
d. Treated by tympanoplasty after failure of medical treatment

158. Which of the following is not a safe CSOM:
a. Subtotal perforation
b. Moderate central perforation
c. Attic perforation
d. None of the above

Safe CSOM = intermittent, odourless, profuse, mucopurulent discharge with central perforation

159. All of the following may be seen in tubotympanic type of CSOM except:
a. Mucopurulent otorrhoea
b. Central tympanic membrane perforation
c. Marginal tympanic membrane perforation
d. Profuse otorrhoea

160. Intermittent mucopurulent discharge is seen in:
a. Secretory otitis media
b. Chronic unsafe suppurative otitis media (Attico-antral type)
c. Chronic safe suppurative otitis media (Tubo-tympanic type)
d. Adhesive otitis media

161. Tympanoplasty with cortical mastoidectomy is usually done in:
a. Adhesive otitis media
b. Chronic safe suppurative otitis media with persistent discharge
c. Secretory otitis media after failure of medical treatment
d. Acute suppurative otitis media after failure of medical treatment

162. Surgical intervention is more mandatory in:
a. Uncomplicated acute suppurative otitis media
b. Uncomplicated chronic tubo-tympanic suppurative otitis media
c. Uncomplicated chronic attico-antral suppurative otitis media
d. Tymanosclerosis with excessive middle ear fibrosis

163. Congenital cholesteatoma causes sensorineural hearing loss if present in:
a. Middle ear cavity
b. Petrous apex
c. Epitympanum
d. Cerebello-pontine angle

164. Eustachian tube obstruction may lead to the following except:
a. Secretory otitis media
b. Cholesteatma
c. Tympanosclerosis
d. Adhesive otitis media

165. Cholesteatoma is characterized by the following except:

a. It causes conductive hearing loss
b. Skin in abnormal site
c. It may lead to complications
d. It is a middle ear tumour

Unsafe CSOM = persistent, foul, scanty, purulent discharge with marginal or attic perforation ± granulations or polyp

166. A cholesteatoma is:
a. Tumour of the middle ear
b. An infected keratin containing sac of the middle ear
c. A bony lesion that invaded the middle ear
d. All the above
e. None of the above.

167. Attic perforation is usually seen in:
a. Secretory otitis media
b. Chronic unsafe suppurative otitis media (Attico-antral type)
c. Chronic safe suppurative otitis media (Tubo-tympanic type)
d. Adhesive otitis media

168. Cholesteatoma may show the following tympanic membrane features except:
a. Attic perforation in the pars flaccida
b. Marginal perforation not surrounded by rim all round
c. Retraction pocket in the postero-superior part
d. Central perforation in pars tensa surrounded by rim all round

169. A 5 year-old child with persistent offensive ear discharge, deafness and tinnitus may have:
a. Congenital cholesteatoma
b. Acquired cholesteatoma
c. Secretory otitis media
d. Unresolved acute otitis media

The tympanic membrane is intact in congenital cholesteatoma

170. Radical mastoidectomy is used in treatment of:
a. Tubo-tympanic type of CSOM
b. Attico-antral type of CSOM
c. Otosclerosis
d. Secretory otitis media

171. The primary goal of surgery for cholesteatoma is:
a. Hearing improvement
b. Reconstruction of the ossicular chain
c. Removal of all the disease
d. Reconstruction of the tympanic membrane

172. Perforation in cases of cholesteatoma is more seen in:
a. Anterior part of pars tensa
b. Inferior part of pars tensa
c. Pars flaccida
d. Antero-inferior part of tympanic membrane near the Eustachian tube opening

173. Which statement about cholesteatoma is not true?
a. Often treated with mastoid surgery
b. Can produce life threatening illness
c. Can be treated with ear tube placement

d. Causes marginal perforation

174. Cholesteatoms is characterized by:
a. Continuous mucopurulent ear discharge
b. Foul smelling ear discharge
c. A central tympanic membrane perforation
d. None of the above

175. CSOM causes the following symptoms except:
a. Discharge
b. Pain
c. Tinnitus
d. Deafness

176. The most important investigation in cases of complicated chronic suppurative otitis media is:
a. X-ray mastoid schuller view
b. Culture and sensitivity to detect the type of the organism
c. Computerized tomography
d. Pure tone audiometry to detect the degree of hearing loss

177. The cranial complications of CSOM include all the following except:
a. Petrositis
b. Brain abscess
c. Labyrinthitis
d. Mastoiditis
e. Facial nerve paralysis

178. The following are intracranial complications of otitis media except:
a. Extradural abscess
b. Meningitis.
c. Brain abscess
d. Labyrinthitis

179. The commonest complication of suppurative otitis media in children is:
a. Acute mastoiditis
b. Meningitis
c. Brain abscess
d. Facial nerve paralysis

A child with common cold and he developed earche (AOM), followed by post-auricular pain and swelling = AOM complicated with mastoiditis

180. Cranial complication of suppurative otitis media:
a. Sphenoiditis
b. Petrositis
c. Encephalitis
d. Extradural abscess

181. Extra-cranial complication of otitis media includes:
a. Facial paralysis
b. Mastoiditis
c. Otitis externa
d. Extradural abscess

182. The following is not alarming symptom for complicated otitis media:

a. Pain
b. Fever
c. Deafness
d. Deviation of mouth

183. The following symptoms may indicate complication of CSOM (more than one answer):
a. Deafness
b. Tinnitus
c. Ear pain
d. Fever
e. Discharge

A patient with ear discharge, developed post-auricular pain and swelling ± increase in the amount of discharge = CSOM complicated with acute mastoiditis

184. The most diagnostic sign of acute mastoiditis is:
a. Tenderness over the mastoid
b. Sagging of postero-superior deep wall of external auditory canal
c. Increase in ear discharge
d. Increase in hearing loss

185. All the following signs are seen in acute mastoiditis except:
a. Sagging of postero-superior meatal wall
b. Positive reservoir sign which is a rapid recollection of pus after suction
c. Obliteration of the post-auricular groove
d. Tenderness over the cymba concha

186. The difference between acute suppurative otitis media and acute mastoiditis is:
a. Collection of pus within the mastoid air cells
b. Destruction of bony walls between the mastoid air cells in mastoiditis
c. Rupture of the tympanic membrane
d. Inflammation of the mucosa of the mastoid air cells

187. Preserved post-auricular groove is seen in:
a. Post-auricular lymphadenitis due to otitis externa
b. Post-auricular lymphadenitis due to scalp infection
c. Acute mastoiditis
d. Parotitis

188. In acute mastoiditis, the tympanic membrane is expected to be one of the following except:
a. Normal
b. Congested
c. Bulging
d. Perforated

Mastoiditis is a complication to otitis media, so the drum should be abnormal either perforated with discharge or congestrd intact in children (so they need myringotomy)

189. Bezold's abscess is a collection of pus in:
a. Zygomatic process
b. Submandibular triangle
c. Sternomastoid sheath
d. Mastoid process

The most diagnostic signs for mastoiditis:
- Sagging of postero-superior meatal wall
- Reservoire sign: rapid recollection of pus

190. Citteli's abscess is a collection of pus in:
a. Zygomatic process
b. Submandibular triangle
c. Sternomastoid sheath

d. Mastoid process

191. Acute mastoiditis with mastoid abscess is treated by:

a. Simple incision
b. Radical mastoidectomy
c. Cortical mastoidectomy
d. Tympanoplasty
e. Stapedectomy

A child with earache + inability to close the eye and deviation of mouth = AOM complicated with facial paralysis

192. Acute suppurative otitis media may be complicated by facial paralysis due to:

a. Erosion of facial bony canal
b. Dehiscence of facial bony canal
c. Compression of facial nerve at the stylomastoid foramen
d. Diffusion of toxin to the facial nerve

193. The first line of treatment of a child who developed LMN facial paralysis after AOM is:

a. Antibiotics and corticosteroids
b. Decompression of facial nerve
c. Exploration of facial nerve
d. Myringotomy

Ear discharge + inability to close the eye and deviation of mouth = CSOM complicated with facial paralysis

194. Facial pain in petrositis (Gradenigo's triad) is due to affection of:

a. Abducent nerve
b. Facial nerve
c. Trigeminal nerve
d. Vagus nerve

195. The following symptom is not a feature of Grdenigo's syndrome:

a. Ear discharge
b. Vertigo
c. Squint
d. Pain in one side of the face

196. Gradenigo's syndrome is characterized by the following except:

a. Profuse ear discharge
b. Facial pain
c. Facial nerve paralysis
d. Diplopia

197. A triad of ear discharge, diplopia, and facial pain occurs in:

a. Acute mastoiditis
b. Petrositis
c. Cerebellar abscess
d. Labyrinthitis

Ear discharge with pain in one side of face and squint or diplopia = CSOM complicated with petrositis

198. In Gradenigo syndrome, diplopia is due to inflammation of:

a. IV nerve
b. V nerve
c. III nerve
d. VI nerve

199. Labyrinthine fistula may lead to the following except:

a. Vertigo

b. Nystagmus
c. No symptoms
d. Pain

200. If manipulation of an aural polyp results in vertigo, the patient may have:
a. Labyrinthine fistula
b. Meniere's disease
c. Vestibular neuritis
d. Benign paroxysmal positional vertigo

201. The commonest site for labyrinthine fistula is:
a. The promontory
b. The lateral semicircular canal
c. The posterior semicircular canal
d. The superior semicircular canal

202. Severe attack of vertigo on top of CSOM may indicate the occurrence of:
a. Meningitis
b. Lateral sinus thrmbophlebitis
c. Otitic labyrinthitis
d. Brain abscess

203. The rapid phase of nystagmus in labyrinthitis is usually directed to:
a. Diseased ear in labyrinthine fistula
b. Diseased ear in serous labyrinthitis
c. Away from the diseased ear in suppurative labyrinthitis
d. All the above
e. None of the above

204. Labyrinthitis leads to:
a. Conductive hearing loss
b. Sensorineural haering loss
c. Vertigo
d. Sensorineural haering loss and vertigo

A patient with ear discharge, developed severe attack of vertigo ± increase in hearing loss = CSOM complicated with labyrinthitis

205. Intermittent fever in cases of CSOM may indicate the occurrence of:
a. Meningitis
b. Brain abscess
c. Lateral sinus thrombophlebitis
d. Extradural abscess

206. Griesenger's sign is due to extension of thrombus to:
a. Cavernous sinus intracranial
b. mastoid emissary veins at posterior border of mastoid
c. Internal jugular vein in the neck
d. Superior sagittal sinus intracranial

207. Tobey-Ayer's test is used for diagnosis of:
a. Meningitis
b. Extra-dural abscess
c. Lateral sinus thrombophlebitis
d. Petrositis

A patient with ear discharge, developed intermittent (spiking) fever = CSOM complicated with lateral sinus thrombophlebitis

208. Increased intracranial pressure occurs in lateral sinus thrombophlebitis if the thromb extended to:

a. Cavernous sinus
b. Inferior sagittal sinus
c. Superior sagittal sinus
d. Superior petrosal sinus

209. Pulsating ear discharge may be seen in the following conditions except:

a. Acute suppurative otitis media after perforation
b. Extra-dural abscess
c. Secretory otitis media
d. Exacerbation of chronic suppurative otitis media

210. A patient with CSOM developed persistent fever, headache, vomiting and blurring of vision, may have:

a. Lateral sinus thrombophlebitis
b. Brain abscess
c. Extra-dural abscess
d. Labyrinthitis

A patient with ear discharge, developed fever and headache = CSOM complicated with brain abscess

211. Signs of increased intracranial tension include all except:

a. Headache
b. Neck stiffness
c. Vomiting
d. Blurring of vision

212. Cerebellar abscess is more dangerous than temporal lobe abscess because:

a. It causes ataxia and staccato speech
b. It causes muscular hypotonia and tremors
c. It causes early herniation of the medulla
d. It causes rombergism

A patient with ear discharge, developed fever, headache, and ataxia with incoordination = CSOM complicated with cerebellar abscess

213. A patient with CSOM developed persistent fever, headache and neck rigidity, may have:

a. Brain abscess
b. Lateral sinus thrombophlebitis
c. Meningitis
d. Petrositis

A patient with ear discharge, developed fever, headache and neck rigidity (stiffness) = CSOM complicated with meningitis

214. A positive Kernig's sign means:

a. Reflex flexion of the hips and knees when the neck is flexed
b. Inability to extend the knee completely when the hip is flexed on the abdomen
c. Inability to do rapid alternating movement
d. None of the above

215. Symptoms of traumatic rupture of tympanic membrane include:

a. Pain at the time of rupture
b. Bleeding at the onset
c. Conductive deafness
d. All the above

216. In traumatic rupture of the tympanic membrane, all the following should be avoided except:

a. Swimming

b. Blowing of nose
c. Local antibiotic ear drops
d. Travelling with airplane

217. Characters of traumatic drum perforation include the following except:
a. Irrigular
b. Thin edge and surrounded by blood clots
c. Marginal
d. Heals spontaneously

218. In the treatment of traumatic drum perforation, choose the wrong answer:
a. Systemic antibiotic
b. Avoid water into the ear
c. Local antibiotic ear drops
d. Avoid nose blowing

219. The most important item in treatment of small dry traumatic central perforation of tympanic membrane is:
a. Antibiotic ear drops
b. Myringoplasty
c. Ear pack
d. Protection of ear against water.

In traumatic rupture of the drum:
Avoid water and avoid blowing of the nose

220. Otitic barotrauma may be predisposed by the following except:
a. Nasal polypi
b. Common cold
c. Rhinosinusitis
d. Acute tonsillitis

221. The commonest type of hearing loss in otitic barotrauma is:
a. Conductive hearing loss
b. Mild sensorineural hearing loss
c. Moderate sensorineural hearing loss
d. Mixed hearing loss

222. Otitic barotrauma occurs during:
a. Ascent of airplane
b. Descent of airplane
c. Steady flying
d. All the above
e. None of the above

A patient with common cold (nasal obstruction), developed earache, ear popping and fullness, or bleeding per ear during travelling by airplane = Otitic barotrauma

223. In otitic barotrauma, the tympanic membrane may show:
a. Perforation
b. Retraction
c. Discoloration by blood behind it
d. All of the above

A patient exposed to car accident, he developed bleeding per ear and delayed partial facial paralysis = Longitudinal fracture temporal bone

224. Regarding longitudinal type of fracture temporal bone, the following are correct except:
a. It causes conductive hearing loss
b. It causes rupture of the drum and bleeding per ear
c. It causes immediate and complete facial paralysis
d. The patient is usually conscious

225. Regarding transverse type of fracture temporal bone, the following are correct except:
a. It causes sensorineural hearing loss
b. It causes rupture of the drum and bleeding per ear
c. It causes immediate and complete facial paralysis
d. The patient is usually comatosed

226. Haemotympanum may be seen in the following conditions except:
a. Otitic barotraumas
b. Longitudinal fracture temporal bone
c. Transverse fracture temporal bone
d. None of the above
e. All of the above

A patient exposed to car accident, he developed immediate complete facial paralysis ± coma ± bluish drum = Transverse fracture temporal bone

227. Glomus tumour is characterized by the following except:
a. Pulsatile tinnitus
b. Conductive hearing loss
c. Reddish tympanic membrane
d. Biopsy is the standard diagnostic method

228. The most diagnostic preoperative investigation of glomus tumour is:
a. Computerized tomography (CT)
b. Magnetic resonance imaging (MRI)
c. Angiography
d. Biopsy

A patient with unilateral deafness and pulsatile tinnitus = Glomus tumour (remember differential diagnosis)

229. A patient with long history of CSOM developed earache, bleeding per ear, facial paralysis, and cervical lymph node swelling. He may have:
a. Acute exacerbation
b. Malignant changes
c. Acute mastoiditis
d. Petrositis

The appearance of pain in CSOM is suspicious for:
- Complications (+++++)
- Acute exacerbations (++)
- Malignant changes (rare)

230. In otosclerosis:
a. The joint between malleus and incus is fixed
b. The joint between incus and stapes is fixed
c. The footplate of stapes is fixed in the oval window
d. All the above

231. In cases of otosclerosis, the tympanic membrane is usually:
a. Normal
b. Retracted
c. Congested with flamingo-red in colour
d. Perforated

232. Otosclerosis is more common in:
a. Young boys
b. Young girls
c. Adult males
d. Adult females

Bilateral deafness (CHL) and tinnitus with intact normal drum = Otosclerosis (More common in middle aged females)

233. Otosclerosis is characterized by the following except:
a. It is a replacement of compact bone with spongy bone
b. It is more common in females

c. Its peak of incidence is the middle age
d. It always causes sensorineural hearing loss

234. The treatment of otosclerosis with conductive hearing loss is:
a. Stapedectomy after failure of medical treatment
b. Stapedectomy after failure of hearing aid
c. Stapedectomy as the first choice
d. Myringotomy and insertion of ventilation tube
e. Myringoplasty is the operation of choice

Teflon piston used in stapedectomy is anchored between the long process of incus and the oval window

235. Otosclerosis is characterized by the following except:
a. Conductive hearing loss
b. Commonly occurs in adolescents
c. Eustachian tube dysfunction
d. Treatment is by stapectomy or hearing aid fitting

236. In Otosclerosis, the following is true except:
a. Bilateral ear affection
b. Fixation of stapes footplate
c. Commonly causes CHL
d. Retracted congested ear drum
e. More in females

237. Paracusis Willicii phenomenon of otosclerosis means:
a. Hearing is better in quite surroundings
b. Hearing is better in noisy surroundings
c. Hypersensitivity to loud sound
d. Hypersensitivity to high pitched sound

238. Stapedectomy is one line for treatment of:
a. Otosclerosis.
b. Otomycosis.
c. Otitic barotrauma.
d. Secretory otitis media.

239. In traumatic ossicular disruption, all is true except:
a. The audiogram shows 40 dB loss.
b. Separation of the incudo-stapedial joint is the commonest lesion.
c. There is bulging drum.
d. CT scan is indicated.

240. Crescentic hairline is an otoscopic finding in:
a. Otomycosis.
b. Otosclerosis.
c. Secretory otitis media.
d. Acute otitis media.

241. Reservoir is a characteristic sign in:
a. Acute mastoid abscess.
b. Acute otitis media.
c. Chronic otitis media.
d. Secretory otitis media.

242. Griesinger's sign is:
a. Edema & tenderness over the posterior border of the mastoid process.
b. Unilateral pulsating otorrhoea.
c. Vertigo & nystagmus on increasing the pressure of the EAC.
d. Tenderness on the tip of mastoid bone.

243. Fever in lateral sinus thrombosis is:
a. Intermittent.
b. Hectic.
c. Low grade.
d. High grade.

244. The fluids presents in secretory otitis media is:
a. Mucopurulent.
b. Serosanguinous.
c. Exudates.
d. Transudates.

245. The discharge in case of cholesteatoma is:
a. Copious purulent.
b. Copious offensive.
c. Scanty offensive.
d. Thick scanty creamy.

246. CSF examination in case of meningitis shows:
a. Protein diminished.
b. Sugar increased.
c. Chloride increased.
d. Cell count increased.

247. The pain in acute suppurative otitis media in the suppurative stage is:
a. Dull aching.
b. Throbbing.
c. Boring.
d. Burning.

248. The pain in acute suppurative otitis media in the catarrhal stage is:
a. Dull aching.
b. Throbbing.
c. Boring.
d. Burning.

249. The pain in acute suppurative otitis media is more severe at:
a. Night.
b. Morning.
c. Mid-day.
d. All the day.

250. The pain in acute suppurative otitis media disappear after:
a. Bulging of the drum.
b. Perforation of the drum.
c. Congestion of the drum.
d. Blowing of the nose

251. Longitudinal fracture of the temporal bone may be associated with all of the following except:
a. LMNL facial palsy.
b. Traumatic perforation of the tympanic membrane.
c. Conductive hearing loss.
d. Profound hearing loss.

252. The following are the manifestations of temporal lobe abscess except:
a. Hemi paresis.
b. Aphasia.
c. Convulsive fits.
d. Vertigo.

253. In traumatic rupture of the drum, all are true except:
a. The main treatment is conservative.
b. Local ear drops are highly indicated.
c. It may heal spontaneously.
d. It may be caused by longitudinal fracture of the temporal bone.

254. Early acute suppurative otitis media is manifested by:
a. Retracted tympanic membrane.
b. Aural fullness.
c. Deafness.
d. All of the above.

255. Cholesteatoma is:
a. Benign middle ear tumor.
b. Skin in a wrong place.
c. Specific middle ear granuloma.
d. Wax accumulated in the middle ear.

256. Bezold's abscess is a swelling:
a. Behind the ear.
b. Below the ear in the neck.
c. Above the ear.
d. In front of the ear.

257. Unilateral hearing loss with pulsating tinnitus is suggestive of:
a. Otosclerosis.
b. Extradural abscess complicating CSOM.
c. Glomus tumor.
d. Acoustic neuroma.

258. A case of ear infection followed by headache, blurring of vision & vomiting is suggestive of:
a. Mastoiditis.
b. Petrositis.
c. Labyrinthitis.
d. Brain abscess.

259. The triad of ear discharge, retro-orbital pain, 6th nerve paralysis is due to:
a. Mastoiditis.

b. Labyrinthitis.
c. Apical petrositis.
d. Lateral sinus thrombosis.

260. Fever, headache, vomiting & neck rigidity in a patient with cholesteatoma is an indication of:
a. Lumbar puncture.
b. CT scan.
c. Fundus examination,
d. Pure tone audiogram.

261. Insertion of Grommet tube is indicated in:
a. Acute suppurative otitis media.
b. Secretory otitis media resistant to medical treatment.
c. Chronic suppurative otitis media.
d. Otosclerosis

262. Fever & rigor developing in a case of cholesteatoma is more suggestive of:
a. Cerebellar abscess.
b. Acute mastoiditis.
c. Lateral sinus thrombosis.
d. Labyrinthitis.

263. Vertigo in a case of cholesteatoma is a suggestive of:
a. Temporal lobe abscess.
b. Acute petrositis.
c. Lateral sinus thrombosis.
d. Labyrinthine fistula.

264. Equilibrium during angular "rotational" movement is the function of:
a. The utricle.
b. The saccule.
c. The cochlea.
d. The semicircular canal.

265. The earliest symptom in a case with cholesteatoma that indicates intracranial complication is:
a. Persistent headache.
b. Facial palsy.
c. SNHL.
d. Squint.

266. Slowly progressive conductive deafness in middle aged female with normal drum & Eustachian tube function is most probably due to:
a. Otitis media with effusion.
b. Otosclerosis.
c. Malingering.
d. Tympanosclerosis.

267. Adhesive otitis media is a complication of:
a. Cholesteatoma.
b. Otitis media with effusion.
c. Acute otitis media.

d. Bullous myringitis.

268. A false +ve fistula test is due to:

a. Labyrinthine fistula with dead ear.
b. Cholesteatoma bridging an inner ear fistula.
c. Hyper mobile footplate of the stapes.
d. Dehiscent facial bony canal

269. The most common cause of otitis media with effusion is:

a. Inadequate treatment of acute otitis media.
b. Nasopharyngeal neoplasm.
c. Allergy.
d. Otitic barotraumas.

270. A patient with uncomplicated CSOM has:

a. Ear discharge & headache.
b. Ear discharge & dizziness.
c. Ear discharge & hearing impairment.
d. Ear discharge & fever.

271. Which among the following is an absolute Indication for Cortical mastoidectomy?

a. Acute coalescent mastoiditis
b. Serous otitis media
c. Severe acute suppurative otitis media
d. Chronic suppurative otitis media - safe type

272. Recruitment phenomenon is seen in?

a. Otosclerosis
b. Meniere's disease
c. Acoustic nerve schwannoma
d. Otitis media with effusion

273. Commonest complication of CSOM is?

a. Subperiosteal abscess
b. Mastoiditis
c. Brain abscess
d. Meningitis

274. Tuberculous otitis media is characterised by all except?

a. Pain
b. Pale granulation tissue
c. Thin odourless fluid
d. Multiple perforations

275. The following ear disease can present with otorhoea:

a. Secretory otitis media
b. Adhesive otitis medis
c. Otosclerosis
d. Chronic suppurative otitis media

276. All the following ear diseases show normal tympanic membrane except:

a. Otosclerosis
b. Chronic suppurative otitis media

c. Meniere's disease
d. Malignant otitis externa

277. Tympanoplasty is an operation aiming at:
a. Correction of sensorineural hearing loss
b. Eradication of infection and correction of hearing
c. Drainage of mastoid abscess
d. Correction of hearing in otosclerosis

278. Otoscopic manifestation of chronic secretory otitis media may include the following except:
a. Foreshortened handle of malleus
b. Absent cone of light
c. Air bubbles behind the tympanic membrane
d. Perforation at pars flaccid

279. Nystagmus & vertigo induced by pressure on the tragus is a sign of:
a. Fistula complicating cholesteatoma.
b. Benign paroxysmal vertigo.
c. Vestibular neuritis.
d. Cholesteatoma only.

280. A 30 year old woman with family history of hearing loss from her mother's side developed hearing problem during pregnancy. Hearing loss is bilateral, slowly progressive, with bilateral tinnitus that bothers her at night. Pure tone audiometry shows conductive hearing loss with an apparent bone conduction hearing loss at 2000 Hz. What is the most likely diagnosis?
a. Otosclerosis
b. Acoustic neuroma
c. Otitis media with effusion
d. Sigmoid sinus thrombosis

281. Brown's sign is seen in?
a. Glomus tumor
b. Acoustic neuroma
c. Otosclerosis
d. Rasay-Hunt syndrome

282. Surgical treatment for glue ear is?
a. Tympanoplasty
b. Antibiotics
c. Myringoplasty with grommet insertion
d. Myringotomy with Grommet's tubes insertion

283. Hearing loss in left ear with pars flaccida perforation. Management is?
a. Tympanoplasty
b. Mastoid exploration
c. Antibiotic ear drops for 30 days
d. Myringotomy

284. Histelberger's sign is seen in?
a. Acoustic neuroma
b. Cholesteatoma

Anesthesia of the posterior aspect of the external auditory canal is an early sign (Histelberger's sign) for Acoustic neuroma due to compression of the sensory part of facial nerve

c. Glomus tumor
d. Bells palsy

285. The following diseases can present with tympanic membrane perforation except:
a. Acute suppurative otitis media
b. Chronic suppurative otitis media
c. Cholesteatoma
d. Secretory otitis media

286. Glomus tympanicum usually arises from:
a. Posterior wall of the middle ear
b. Anterior wall of the middle ear
c. Medial wall of the middle ear
d. Lateral wall of the middle ear

287. Which of the following is not the site for paraganglioma?
a. Carotid bifurcation
b. Jugular bulb
c. Promontary in middle ear
d. Geniculate ganglion

288. Gradenigo's syndrome includes all except?
a. 3rd cranial nerve palsy
b. 6th cranial nerve palsy
c. Pain in the face
d. Otorrhoea

289. Acute suppurative otitis media is more common in?
a. Normal children
b. School going children
c. Children with hypertrophied tonsils
d. Children with adenoids

290. The most common intracranial complication of Acute Suppurative Otitis Media (ASOM) is?
a. Bezold's abscess
b. Brain abscess
c. Mastoiditis
d. Meningitis

291. A young boy with history of left ear discharge developed fever, headache , vomiting and focal seizure of right upper limb. The appropriate line of management is?
a. Urgent CT and antibiotics
b. Urgent EEG and antibiotics
c. Urgent culture and antibiotics
d. Urgent CBC (complete blood count) and antibiotics

292. Which of the following is responsible for CSF otorrhoea?
a. Ethmoidal fracture
b. Parietal fracture
c. Petrous temporal fracture
d. Sphenoid fracture

293. Which of the following is the commonest intracranial complication of CSOM?
a. Cavernous Sinus Thrombosis
b. Meningitis
c. Cerebellar abscess
d. Subdural abscess

294. The following disease may be activated during pregnancy:
a. Meniere's disease
b. Otosclerosis
c. Secretory otitis media
d. Tympanosclerosis

295. The following feature may be present in otosclerosis:
a. Hair line
b. Retraction pocket in the postero-superior part of tympanic membrane
c. Red chorda tympani sign
d. Flaming red color

296. The postero superior retraction pocket, if allowed to progress, will lead to?
a. Sensori-neural hearing loss
b. Secondary Cholesteatoma
c. Tympanosclerosis
d. Congenital cholesteatoma

297. Cleft palate is a predisposing factor to the following diseases except:
a. Acute otitis media
b. Secretory otitis media
c. Chronic suppurative otitis media
d. Bollous myringitis

298. The following disease affects the inner ear but it is commonly present with conductive hearing loss:
a. Adhesive otitis media
b. Secretory otitis media
c. Meniere's disease
d. Otosclerosis

299. Otitic barotrauma cannot occur in a patient with:
a. Otosclerosis
b. Chronic suppurative otitis media
c. Meniere's disease
d. Secretory otitis media

Diseases of the inner ear and vestibular nerve

300. Hearing loss resulting from degenerative changes of aging is known as:

a. Otosclerosis
b. Presbyacusis
c. Diplacusis
d. Paracusis

An old patient with bilateral deafness ± tinnitus and intact normal drum = Presbyacusis

301. The best treatment for presbyacusis is:

a. Cochlear implant
b. Hearing aid
c. Stapedectomy
d. Vestibular neurectomy

302. The following drugs are ototoxic except one:

a. Garamycin
b. Frusemide
c. Quinine
d. Cephalosporin

Ototoxic drugs:
- Aminoglycosides
- Diuretics
- Salicylates in large doses
- Quinine
- Chemotherapeutics (Cisplatin)

303. Vestibular neuritis causes:

a. Sensorneural hearing loss
b. Tinnitus
c. Vertigo
d. All the above

304. The commonest type of hearing loss in Meniere's disease is:

a. Fluctuant low-tone sensorineural hearing loss
b. Fluctuant high-tone sensorineural hearing loss
c. Persistent low-tone sensorineural hearing loss
d. Persistent high-tone sensorineural hearing loss

305. Benign paroxysmal positional vertigo is caused by debris in:

a. Lateral semicircular canal
b. Posterior semicircular canal
c. Superior semicircular canal
d. The utricle of the inner ear

A patient developed severe attack of vertigo ± vomiting after an attack of common cold = Vestibular neuritis

306. Dix-Hallpike test is diagnostic for:

a. Vestibular neuritis
b. Labyrinthitis
c. Benign paroxysmal positional vertigo
d. Acoustic neuroma

A patient complains of severe attack of vertigo for seconds on lying on his side (right or left) = Benign paroxysmal positional vertigo

307. A triad of SNHL, tinnitus, and vertigo is suspicious of:

a. Cholesteatoma
b. Otitic barotraumas
c. Vestibular neuritis
d. Meniere's disease

Recurrent attacks of vertigo, deafness (SNHL, unilateral or bilateral), and tinnitus = Meniere's disease
N.B. The tympanic membrane is normal

308. The following are symptoms of Meniere's disease except:

a. Fainting attacks
b. Acute recurrent attacks of vertigo
c. SNHL

d. Tinnitus

309. Meniere's disease is characterized by:
a. Conductive deafness, otorrhoea, and vertigo
b. Sensorineural deafness, pain, and tinnitus
c. Sensorineural deafness, tinnitus, and vertigo
d. Conductive deafness, facial paralysis, and vertigo

310. Meniere's disease is characterized by:
a. Attacks of vertigo, tinnitus, and conductive hearing loss
b. Diuretics are part of the medications prescribed for its management
c. Tympanogram shows type B curve
d. The condition is strictly unilateral

311. The commonest presenting symptom of acoustic neuroma is:
a. Unilateral tinnitus with progressive SNHL
b. Vertigo and loss of balance
c. Facial and trigeminal paralysis
d. Sudden SNHL with tinnitus

312. Endolymphatic hydrops is a feature of:
a. Mumps
b. Otosclerosis
c. Meniere's disease
d. Presbyacusis

Causes of vertigo without deafness:
- Vestibular neuritis
- Benign paroxysmal positional vertigo

313. The following are manifestations of Meniere's disease except:
a. Vertigo
b. Positive reservoir sign
c. SNHL
d. Tinnitus

314. Surgical treatment of Meniere's disease with serviceable (fair) hearing is:
a. Intratympanic injection of gentamycin
b. Labyrinthectomy
c. Endolymphatic sac decompression
d. Singular nerve neurectomy

Unilateral SNHL and tinnitus is suspicious for acoustic neuroma

315. Epley maneuver is used in treatment of:
a. Vestibular neuritis
b. Benign paroxysmal positional vertigo
c. Meniere's disease
d. Labyrinthine fistula

316. Meniere's disease is a disease of:
a. Bony labyrinth of the inner ear
b. Membranous labyrinth of the inner ear
c. Endolymphatic sac of the inner ear
d. Endolymphatic duct and sac of the inner ear

317. Recruitment which is a hypersensitivity to loud sound is characteristic for:
a. Otosclerosis
b. Meniere's disease

c. Vestibular neuritis
d. Benign paroxysmal positional vertigo

318. Deafness in Meniere's disease is more for low tone sound because:
a. The apex of the cochlea is more affected
b. The base of the cochlea is more affected
c. The saccule is more affected
d. The utricle is more affected

319. Acoustic neuroma is arising from:
a. Cochlear nerve
b. Vestibular nerve
c. Facial nerve
d. Inner ear itself

Contents of the cerebellopontine angle are:
Vestibulocochlear nerve
Facial nerve

320. The most diagnostic investigation for acoustic neuroma is:
a. Computerized tomography (CT)
b. Magnetic resonance imaging (MRI)
c. Pure tone audiometry
d. Angiography

321. Vertigo usually occurs for seconds in:
a. Acoustic neuroma
b. Benign paroxysmal positional vertigo
c. Vestibular neuritis
d. Meniere's disease

322. All are correct about Meniere's disease except:
a. It is an endolymphatic hydrops.
b. Males are more affected than females.
c. The type of deafness is conductive.
d. Decompression of the labyrinth is indicated if the vertiginous attack is crippling.

323. The most common vertigo is:
a. Acoustic neuroma.
b. Ototoxicity.
c. Meniere's disease.
d. Benign paroxysmal positional vertigo.

324. In case of Meniere's disease with mild SNHL, the treatment may be the following except:
a. Medical treatment.
b. Labyrinthectomy.
c. Endolymphatic sac decompression.
d. Vestibular nerve section.

325. Fluctuant SNHL usually occurs in:
a. Presbyacusis.
b. Meniere's disease.
c. Otosclerosis.
d. Ototoxicity.

326. All of the following statements regarding Meniere's disease are true except?
a. Pain

b. Tinnitus
c. Deafness
d. Vertigo

327. Which of the following is not typical feature of Menieres disease?
a. Sensorineural deafness
b. Pulsatile tinnitus
c. Vertigo
d. Fluctuating deafness

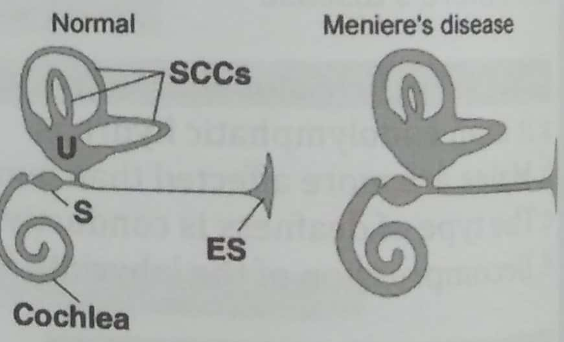
Anesthesia of the posterior aspect of the external auditory canal is an early sign (Histelberger's sign) for Acoustic neuroma due to compression of the sensory part of facial nerve

328. Acoustic neuroma, first nerve to get involved is?
a. 5th
b. 7th
c. 10th
d. 9th

329. All of the following are characteristic clinical features of Menier's disease except?
a. Unconsciousness
b. Vertigo
c. Deafness
d. Tinnitus

330. Loss of sensation in posterior wall of external auditory canal is seen in?
a. Vestibular schwannoma
b. Facial nerve palsy
c. Cholesteatoma
d. Bell's palsy

331. Acoustic neuroma arises from?
a. Inferior division of vestibular nerve
b. Superior division of vestibular nerve
c. Cochlear nerve
d. Facial nerve



332. The following drug is not ototoxic:
a. Neomycin.
b. Penicillin.
c. Saliclates.
d. Kanamycin.

333. The following disease may cause fluctuant sensorineural hearing due to endolymphatic hydrops:
a. Tuberculosis
b. Syphilis
c. Acoustic neuroma
d. Salicylates ototoxicity

The Facial nerve

334. The following are branches of the facial nerve except:

a. Chorda tympani
b. Nerve to stapedius
c. Nerve to posterior belly of diagastric
d. Nerve to stylopharyngeus
e. Nerve to stylohyoid

335. All these muscles are supplied by the facial nerve except:

a. Stapedius
b. Levator palpebrae superioris
c. Buccinator
d. Posterior belly of diagastric

Levator palpebrae superioris is supplied by the oculomotor nerve (3rd cranial nerve)

336. The following are branches of the facial nerve except:

a. Nerve to stapedius
b. Chorda tympani
c. Greater superficial petrosal nerve
d. Lesser superficial petrosal nerve

337. All are branches of the facial nerve except:

a. Chorda tympani
b. Greater auricular nerve
c. Nerve to stapedius muscle
d. Greater superficial petrosal nerve

338. Parasympathetic innervation of the submandibular gland is carried by:

a. The lesser petrosal nerve
b. The greater superficial petrosal nerve
c. The chorda tympani nerve
d. Jackbson's nerve

339. Parasympathetic innervation of the lacrimal gland is carried by:

a. The lesser petrosal nerve
b. The greater superficial petrosal nerve
c. The chorda tympani nerve
d. Jackbson's nerve

340. The following muscle is not supplied by facial nerve:

a. Stapedius
b. Posterior belly of diagastric
c. Tensor tympani
d. Occipitalis

341. The following muscle is supplied by the trigeminal nerve:

a. Medial pterygoid muscle
b. Buccinator muscle
c. Stapedius muscle
d. Cricothyroid muscle

342. Parasympathetic innervation of the parotid gland is carried by:

a. The lesser superficial petrosal of 9th nerve

b. The greater superficial petrosal of 7th nerve
c. The chorda tympani nerve
d. Facial nerve

343. The facial nerve passes through:
a. The jugular foramen
b. The foramen ovale
c. The foramen rotundum
d. The stylomastoid foramen

Parasympathetic innervation of the submandibular, sublingual (chorda tympani) and lacrimal (GSPN) glands by facial nerve.

Parasympathetic innervation of the parotid gland (LSPN) by glossopharyngeal nerve

344. The pain sensation of the anterior 2/3 of the tongue is carried through:
a. Glossopharyngeal nerve
b. Facial nerve
c. Trigeminal nerve
d. Hypoglossal nerve

Anterior 2/3 of tongue: - Taste by chorda tympani of facial
- Ordinary sensation by lingual of trigeminal
Posterior 1/3 of tongue: Taste and ordinary sensation by glossopharyngeal

345. The most common cause for LMN facial paralysis is:
a. Parotid surgery
b. Bell's palsy
c.Trauma
d. As a complication to otitis media

346. The levator palpebrae superioris muscle of upper eyelid is supplied from:
a. Abducent nerve
b. Facial nerve
c. Oculomotor nerve
d. Trochlear nerve

347. Stapedius muscle affection in facial paralysis may lead to:
a. Paracusis
b. Presbyacusis
c. Hyperacusis
d. Recruitment

348. Trauma to the facial nerve in the Pons may lead to:
a. Diplopia and squint
b. Sensorineural hearing loss and vertigo
c. Loss of lacrimation
d. Loss of salivation and taste

349. Upper motor neuron facial paralysis is characterized by the following except:
a. Hemiplegia
b. Hypertonia
c. Hyporeflexia
d. Preseved emotions

350. Lower motor neuron facial paralysis is characterized by:
a. Hyper-reflexia
b. Preserved emotional movement
c. Muscle wasting
d. Preserved eye closure

351. In LMNL facial paralysis with normal taste sensation at the anterior 2/3 of the tongue, the level of the lesion may be:
a. In the internal auditory canal
b. In the horizontal tympanic part
c. In the vertical part above the stapes
d. In the stylomastoid foramen

352. Facial paralysis with lost acoustic reflex and preserved lacrimation, taste and salivation indicate a lesion at the level of:
a. Pons
b. Internal auditory canal
c. First genu
d. Second genu

Inability to close the eye with deviation of mouth and normal ears, no discharge or trauma = Bell's palsy

353. Facial paralysis with lost acoustic reflex, lacrimation, taste and salivation indicate a lesion at the level of:
a. Pones
b. Internal auditory canal
c. Horizontal tympanic part
d. Vertical mastoid part

354. Trauma to the facial nerve at the geniculate ganglion leads to:
a. Loss of lacrimation
b. Loss of salivation
c. Loss of taste
d. Loss of stapedial reflex
e. All the above

355. Facial paralysis with normal lacrimation and lost acoustic reflex, taste and salivation indicate a lesion at the level of:
a. Pons
b. Internal auditory canal
c. Below the first genu
d. Below the stylomastoid foramen

356. Facial paralysis with normal lacrimation, acoustic reflex, taste and salivation indicate a lesion at the level of:
a. Pons
b. Internal auditory canal
c. Below the first genu
d. Below the stylomastoid foramen

357. Lower motor neuron facial paralysis leads to:
a. Paralysis of the upper half of the face on the same side
b. Paralysis of the lower half of the face on the same side
c. Paralysis of the whole side of the face on the same side
d. Paralysis of the lower half of the face on the opposite side

358. Upper motor neuron facial paralysis leads to:
a. Paralysis of the upper half of the face on the opposite side
b. Paralysis of the lower half of the face on the opposite side
c. Paralysis of the whole side of the face on the opposite side
d. Paralysis of the lower half of the face on the same side

359. Bell's palsy may be due to:
a. Acoustic neuroma
b. Oedema of facial nerve
c. Fracture base of the skull
d. Suppuration of t he middle ear

A patient with ear discharge, developed facial paralysis (inability to close the eye and mouth deviation) = CSOM complicated with facial paralysis

360. The following operations may be complicated with facial paralysis except:
a. Radical mastoidectomy
b. Cortical mastoidectomy
c. Tympanoplasty
d. Myringotomy

361. Bell's palsy has bad prognosis in the following conditions except:
a. Young age
b. Diabetic, and hypertensive patients
c. Severe post-auricular pain
d. Old age

362. The commonest part of facial nerve to be injured during ear surgery is:
a. The first genu
b. The horizontal part above the promontory
c. The second genu
d. At the stylomastoid foramen

During ear surgery in children, the facial nerve may be injured at the stylomastoid foramen as it is high up, however during mastoidectomy, the 2nd genu is more liable

363. Facial nerve injury during ear surgery is more common in children than in adults because:
a. The facial nerve is not fully developed
b. The facial bony canal is too narrow
c. The mastoid is small with high up stylomastoid foramen
d. The facial bony canal is dehiscent

364. Iatrogenic traumatic facial nerve palsy is most commonly caused during?
a. Myringoplasty
b. Stapedectomy
c. Mastoidectomy
d. Ossiculoplasty

365. In lesion of the facial nerve at the stylomastoid foramen, the following is not true:
a. Loss of acoustic reflex.
b. No impairment of taste.
c. No impairment of salivation.
d. No impairment of lacrimation.

366. Hyperacusis may occur due to affection of:
a. Chorda tympani nerve
b. Nerve to stapedius
c. Greater superficial petrosal nerve
d. Lesser superficial petrosal nerve

367. In lesion of the facial nerve at horizontal part after geniculate ganglion, there is no:
a. Loss of taste.
b. Impairment of salivation.

c. Impairment of lacrimation.
d. Hyperacusis.

368. Bell's palsy is LMNL at the level of:
a. Geniculate ganglion.
b. Internal facial auditory meatus.
c. Bony canal of facial nerve.
d. Cerebellopontine angle.

369. The cause of Bell's palsy may be one of the following except:
a. Vascular ischemia.
b. Virus infection.
c. Bacterial infection.
d. Auto immune.

370. The early symptom of Bell's palsy is:
a. Dropping of angle of the affected side.
b. Obliteration of the angle of the mouth.
c. Pain of acute onset behind the ear.
d. Inability to close the eye.

371. The most accurate diagnostic test to detect degeneration of the facial nerve:
a. Nerve excitability test.
b. Electromyography.
c. Electroneurography.
d. Stapedial reflex.

372. Inability to raise the eye brow and to close the same eye with deviation of the angle of the mouth to the opposite side is:
a. UMNL 7th cranial nerve palsy.
b. UMNL 5th cranial nerve palsy.
c. LMNL 5th cranial nerve palsy.
d. LMNL 7th cranial nerve palsy.

373. Following ear surgery, LMNL facial palsy with intact taste sensation of the anterior 2/3 of the tongue indicates injury at the level of:
a. The parotid gland.
b. The internal auditory canal.
c. The stylomastoid foramen.
d. The tympanic segment.

374. Anesthesia of the face may be caused by:
a. Facial paralysis.
b. Occulomotor paralysis.
c. Trigeminal paralysis.
d. All of the above.

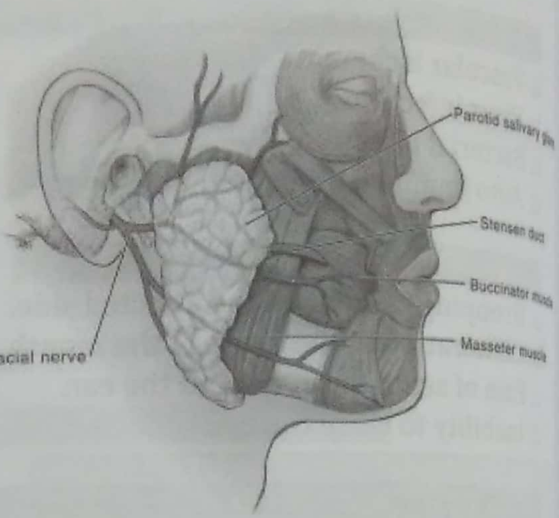
375. The concept that the facial nerve supplies the auricle is related to:
a. Ramsy-Hunt syndrome.
b. Jugular foramen syndrome.
c. Horner's syndrome.
d. Bell's palsy.

376. Topognostic test is used in the assessment of facial paralysis include all the following except:

a. Schirmer test.
b. Stapedial reflex.
c. Electroneurography.
d. Gustatory test.

377. Malignanat otitis external causes facial paralysis, as the nerve may be compressed at:

a. Stylomastoid foramen
b. Parotid gland due to parotitis
c. Tympanic horizontal part
d. Mastoid vertical part


Parotid salivary gl
Stensen duct
Buccinator musc
Masseter muscle
Facial nerve

378. Facial paralysis in Ramsay-Hunt syndrome is due to:

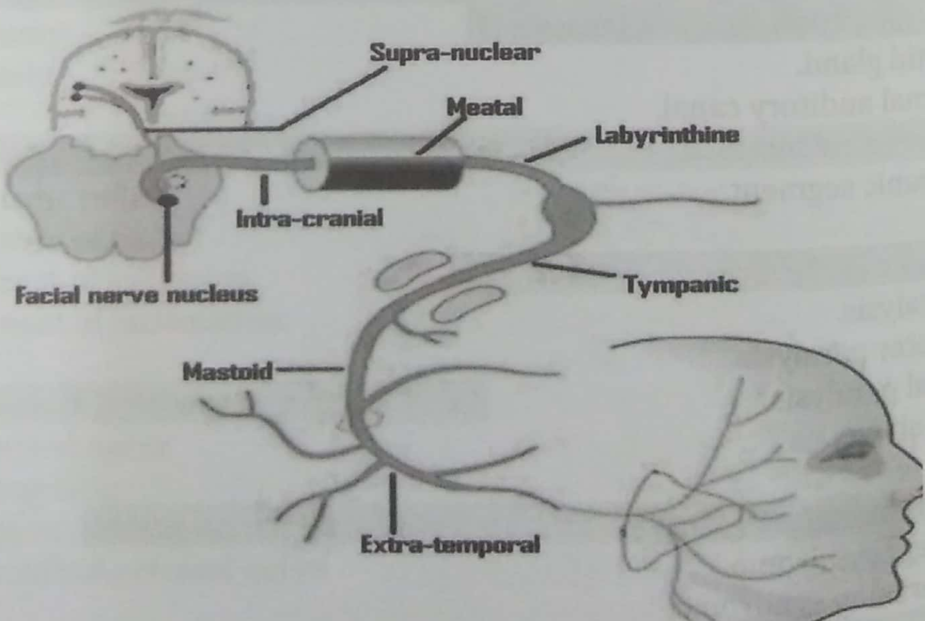
a. Affection of the geniculate ganglion
b. Affection of the motor nucleus in the pons
c. Inflammation of the internal auditory canal
d. Inflammation of the fallopian bony canal

379. The following disease may cause gradual facial paralysis:

a. Acute otitis media with dehiscent bony canal
b. Cholesteatoma eroding the bony canal
c. Bell's palsy
d. Ramsay-Hunt syndrome

380. The following part of the facial nerve has no branches:

a. Tympanic part
b. Mastoid part
c. Extracranial part
d. Parotid part


Supra-nuclear
Meatal
Labyrinthine
Intra-cranial
Facial nerve nucleus
Tympanic
Mastoid
Extra-temporal

381. The following are causes of conductive hearing loss except:
a. Fruncle of the external auditory canal
b. Diffuse otitis externa
c. Herpes zoster oticus
d. Otomycosis with fungal mass

382. The following diseases cause conductive hearing loss except:
a. Otitis media
b. Otosclerosis
c. Acoustic trauma
d. Otitic barotraumas

383. The commonest cause of sensorineural hearing loss is:
a. Otoxicity
b. Presbyacusis
c. Meningitis
d. Meniere's disease

384. All the following diseases cause conductive hearing loss except:
a. Wax accumulation
b. Congenital meatal atresia
c. Cochlear otosclerosis
d. Adhesive otitis media

385. Unilateral SNHL can be caused by the following except:
a. Mumps
b. Labyrinthitis
c. Secretory otitis media
d. Meniere's disease.

386. Conductive hearing loss is not a feature of:
a. CSOM
b. Adhesive otitis media
c. Serous labyrinthitis
d. Traumatic perforation of ear drum

387. All the following diseases are common causes of SNHL in children except:
a. Acoustic neuroma
b. Meningitis
c. Measles
d. Mumps

388. The following are causes of CHL except:
a. Otosclerosis
b. CSOM
c. Meniere's disease
d. Impacted wax

389. The commonest cause of CHL in adults is:
a. Otosclerosis
b. Wax accumulation

c. AOM
d. Traumatic drum perforation

390. The most common cause of CHL in children is:
a. Otosclerosis
b. Secretory otitis media
c. Congenital cholesteatoma
d. Adhesive otitis media

391. Deaf-mutism can be caused by the following except:
a. Post-natal meningitis
b. Post-natal kernichterus
c. Ototoxicity during pregnancy
d. Congenital cholesteatoma

392. Causes of deaf-mutism may be due to the following except:
a. Mumps
b. Meningitis
c. Secretory otitis media
d. Ototoxicity

393. The following disease causes vertigo without hearing loss:
a. Meniere's disease
b. Cochlear otosclerosis
c. Vestibular neuritis
d. Labyrinthitis

394. The commonest cause of SNHL in children is:
a. Meningitis
b. Congenital cholesteatoma
c. Secretory otitis media
d. Cochlear otosclerosis

395. Objective tinnitus may be caused by the following except:
a. Palatal myoclonus
b. Carotid aneurysm
c. Hypertension
d. Glomus tumour

396. A watery ear discharge that increases by straining is:
a. Serous otitis media
b. CSF otorrhoea
c. AOM
d. Malignant otitis externa

397. The following disease causes vertigo without hearing loss:
a. Meniere's disease
b. Cochlear otosclerosis
c. Labyrinthitis
d. Benign paroxysmal positional vertigo

398. Vertigo with SNHL occurs in:
a. Labyrinthitis

b. Vestibular neuritis
c. Cerebellar lesion
d. Benign paroxysmal positional vertigo

399. Which of the following types of nystagmus is physiological?
a. Horizontal jerky
b. Optokinetic
c. Vertical
d. Pendular

400. Caloric test is used to assess:
a. Cochlear function
b. Vestibular function
c. Cochlear and vestibular functions
d. Cochlear nerve function

401. Caloric test should be performed while the patient is:
a. Sitting with the head flexed 30 degrees
b. Sitting with the head flexed 45 degrees
c. Lying supine with the head flexed 30 degrees
d. Lying supine with the head flexed 45 degrees

402. Caloric test in Meniere's disease shows:
a. Normal response
b. Reduced response (hypofunction)
c. Increased response (hyperfunction)
d. Irrelevant response

403. Stimulation of the following nerve does not cause referred otalgia:
a. Vagus nerve
b. Glossopharyngeal nerve
c. Lingual nerve
d. Descendens hypoglossi nerve

404. Stimulation of the following nerve does not cause referred otalagia:
a. Glossopharyngeal nerve
b. Hypoglossal nerve
c. Vagus nerve
d. Lesser occipital nerve

405. Pulsatile tinnitus may be a complaint in the following disease:
a. Congenital cholesteatoma
b. Acoutic neuroma
c. Glomus jugulare tumour
d. Tympanic myoclonus

406. Referred otalgia occurs in cases of:
a. Traumatic perforation of the tympanic membrane
b. Tempro-mandibular joint arthritis
c. Myringitis
d. Secretory otitis media

407. Trempromandibular joint arthritis causes referred otalgia through:

a. Glossopharyngeal nerve
b. Vagus nerve
c. Auriculo-temporal nerve
d. Greater auricular nerve

Auriculo-temporal nerve is a branch of trigeminal nerve

408. Cancer thyroid causes referred otalgia through:

a. Glossopharyngeal nerve
b. Vagus nerve
c. Trigeminal nerve
d. Greater auricular nerve

409. Carcinoma of the tongue base causes referred otalgia through:

a. Glossopharyngeal nerve
b. Vagus nerve
c. Lingual nerve
d. Chorda tympani nerve

410. Carcinoma of the tongue tip causes referred otalgia through:

a. Glossopharyngeal nerve
b. Vagus nerve
c. Lingual nerve
d. Chorda tympani nerve

Lingual nerve is a branch of trigeminal nerve

411. Arnold's nerve is a branch of:

a. The trigeminal nerve
b. The facial nerve
c. The glossopharyngeal nerve
d. The vagus nerve

412. The auriculo-temporal nerve:

a. Supplies the skin of the upper 2/3 of the lateral surface of the auricle
b. Is a branch of maxillary nerve
c. Supplies the middle ear mucosa through the tympanic plexus
d. None of the above

413. Which one of the following conditions produces sensorineural deafness?

a. Eustachian tube blockage
b. Tympanic membrane rupture
c. Mixed otoscleorosis
d. Atelactatic middle ear

414. Bloody discharge from the ear occurs in the following except:

a. Fracture base of the skull.
b. Otitic barotrauma.
c. Tympanosclerosis.
d. Rupture drum.

415. Pain in acute tonsillitis is referred to the ear through:

a. The 5th nerve.
b. The 9th nerve.
c. The 10th nerve.
d. 2nd & 3rd cervical nerve.

416. Pain in acute sinusitis is referred to the ear through:
a. The 5th nerve.
b. The 9th nerve.
c. The 10th nerve.
d. 2nd & 3rd cervical nerve.

417. Pain in cancer larynx is referred to the ear through:
a. The 5th nerve.
b. The 9th nerve.
c. The 10th nerve.
d. 2nd & 3rd cervical nerve.

418. Pain in salivary calculi is referred to the ear through:
a. The 5th nerve.
b. The 9th nerve.
c. The 10th nerve.
d. 2nd & 3rd cervical nerve.

419. Watery discharge from the ear occurs in all of the following except:
a. Cerebro-spinal otorrhoea.
b. Parotid fistula.
c. Acute otitis media.
d. Endolymphatic sac surgery.

420. The following diseases may cause pulsatile tinnitus except:
a. Glomus tumor
b. Carotid aneurysm
c. Meniere's disease
d. High jugular bulb

421. The first line of treatment of sudden senorineural hearing loss without identifiable cause is:
a. Steroid therapy
b. Intratympanic injection of amino glycoside
c. Large dose of antibiotic
d. Vasodilators

422. Mixed hearing loss may be caused by one of the following:
a. Otosclerosis.
b. Meniere's disease.
c. Ear wax.
d. Acoustic neuroma.

423. Choose the correct answer:
a. Ear washing is not contraindicated in traumatic perforation of the drum.
b. Pathological perforation of the drum occurs at any site while traumatic ones usually occur in pars tensa.
c. In ear washing, the sterile nozzle of the syringe is directed to the drum directly.
d. Ear washing is indicated in the presence of fistula between the middle & inner ear.

424. Sagging of the postero-superior wall of the EAC occurs in:
a. Acute mastoiditis.
b. Furunculosis of the external ear.

c. Otitis media.
d. Petrositis.

425. Pain after tooth extraction may refer to the ear through:

a. The Chorda tympani
b. The auriculotemporal nerve
c. The lesser superficial petrosal nerve
d. The glossopharyngeal nerve

426. Tympanosclerosis may cause:

a. Conductive hearing loss
b. Sensorneural hearing loss
c. Mixed hearing loss
d. Earache

427. Vertigo of Meniere's disease may lasts for:

a. Seconds
b. Hours
c. Days
d. Weeks

428. Pure tone audiometry:
a. Can detect the type and degree of hearing loss
b. Can detect the speech discrimination score
c. Can detect the pressure of the middle ear
d. All of the above

429. The range of normal hearing level is:
a. From 0 to 5 dB
b. From 0 to 15 dB
c. From 0 to 25 dB
d. From 0 to 35 dB

430. In conductive hearing loss, the hearing threshold is increased to:
a. Bone conduction
b. Air conduction
c. Both bone and air conduction equally
d. Both bone and air conduction but more for bone conduction

431. Tympanometry measures:
a. The type and degree of hearing loss
b. The pressure of the middle ear
c. The function of the hair cells
d. The vestibular function

432. Tympanometry is useful in the diagnosis of the following diseases except:
a. Eustachian tube dysfunction
b. Middle ear effusion
c. Ossicular chain discontinuity
d. Acoustic neuroma

433. Poor speech discrimination is present more in:
a. Chronic suppurative otitis media
b. Stapedial otosclerosis
c. Acoustic neuroma
d. Vestibular neuritis

434. Stapedial reflex is lost in the following conditions except:
a. Otosclerosis
b. Vestibular neuritis
c. Profound hearing loss
d. Facial nerve paralysis

435. The following are tests for hearing except:
a. Rinne test
b. Pure tone audiometry
c. Electronystagmography
d. Speech discrimination test

436. Otoacoustic emission measures:
a. The type and degree of hearing loss
b. The middle ear pressure

c. The vestibular function
d. The viability of the hair cells of the cochlea

437. Auditory brain stem response audiometry measures mainly:
a. The integrity of the cochlear nerve
b. The type and degree of hearing loss
c. The viability of the hair cells of the cochlea
d. The middle ear pressure

438. Bone conduction hearing aid is better used in:
a. Presbyacusis
b. Congenital aural atresia
c. Tympanosclerosis
d. Otosclerosis

439. Cochlear implantation is used in:
a. Unilateral profound sensory hearing loss
b. Bilateral profound sensory hearing loss
c. Bilateral profound neural hearing loss
d. All the above

440. Otoacoustic emissions arise from?
a. Inner hair cells
b. Outer hair cells
c. Both inner and outer hair cells
d. Supporting cells of the inner ear

441. Which of the following would be the most appropriate treatment for rehabilitation of patient who has bilateral profound deafness following surgery for bilateral acoustic schwannoma?
a. Bilateral high powered digital hearing aid
b. Bilateral cochlear implants
c. Unilateral cochlear implant
d. Brain stem implant

442. Which is the investigation of choice in assessing hearing loss in neonates?
a. Impedance audiometry
b. Brainstem Evoked Response Audiometry (BERA)
c. Free field audiometry
d. Behavioral audiometry

443. The site where the electrode of cochlear implant is inserted?
a. Round window
b. Oval window
c. Horizontal semicircular canal
d. Endolymphatic sac

444. The following is true about pure tone audiometry except:
a. It gives the degree of hearing loss in dB.
b. It gives the type of deafness.
c. It helps in hearing aid selection.
d. It measures the sound emitted from the cochlea.

445. The following is true about impedance audiometry except:
a. It measures the pressure changes in the middle ear.
b. It measures fixation and dislocation of the ossicular chain.
c. It measures the patency of the Eustachian tube.
d. It measures the sound emitted from the cochlea.

446. ABR (Auditory Brain stem Response) is used in:
a. Test of hearing in malingering.
b. Test of hearing in retrochoclear lesion.
c. Detection of acoustic neuroma.
d. All of the above.

447. The following are tests of hearing sensitivity except:
a. Tuning fork tests.
b. Tympanometry.
c. Auditory Brain stem Response.
d. Pure tone audiometry.

448. A patient with safe chronic suppurative otitis media and conductive hearing loss is best treated by:
a. Air conduction hearing aid
b. Tympanoplasty
c. Stapedectomy
d. Myringotomy and insertion of ventilation tube

449. Hearing aid is not used for the following disease:
a. Cochlear otosclerosis
b. Adhesive otitis media
c. Secretory otitis media
d. presbycusis

450. Which of the following conditions causes the maximum hearing loss?
a. Ossicular disruption with intact tympanic membrane
b. Disruption of malleus and incus as well tympanic membrane
c. Partial fixation of the stapes footplate
d. Otitis media with effusion

451. The tuning fork used in hearing test should have the following frequency:
a. 128 Hz
b. 256 Hz
c. 512 Hz
d. 1024 Hz

Operations of the ear

452. In myringotomy operation, the incision of the tympanic membrane is absolutely contraindicated to be performed in:

a. Postero-superior part
b. Postero-inferior part
c. Antero-superior part
d. Antero-inferior part

The joint between the incus and the stapes (incudo-stapedial joint) present behind the postero-superior quadrant of the drum, and it can be injured in myringotomy

453. Which perforation site affects the hearing more?

a. Anterior perforation
b. Posterior perforation
c. Superior perforation
d. Inferior perforation

454. Myringotomy can be used in treatment of the following diseases except:

a. Otitic barotraumas
b. Middle ear effusion
c. Acute suppurative otitis media
d. Traumatic rupture of the tympanic membrane

455. Myringotomy for AOM is indicated in the following conditions except:

a. Bulging drum
b. Small or high perforation
c. The occurrence of facial paralysis
d. Severely congested drum

456. Cortical mastoidectomy is used in treatment of the following except:

a. Otosclerosis
b. Mastoid abscess
c. Acute mastoiditis after failure of medical treatment
d. Chronic suppurative otitis media with ear discharge

457. The clinical landmark of the mastoid antrum is:

a. Mc Ewen's triangle
b. Cymba concha
c. Tip of mastoid
d. Root of zygoma

458. The surgical landmark of the mastoid antrum is:

a. Mc Ewen's triangle
b. Cymba concha
c. Tip of mastoid
d. Root of zygoma

459. Radical mastoidectomy is used in treatment of the following:

a. Chronic suppurative tubo-tympanic otitis media
b. Chronic suppurative attico-antral otitis media
c. Secretory otitis media
d. Adhesive otitis media

460. The commonest complication of radical mastoid operation is:

a. Mastoid cavity problem with persistent discharge

b. Facial nerve injury
c. Injury of the lateral semicircular canal with fistula formation
d. Injury of the sigmoid sinus

461. All the following are approaches to the middle ear except:
a. Post-aural
b. Sub-dural
c. Per-meatal
d. End-aural

462. An approach to middle ear is:
a. Translabyrithine
b. Retrosigmoid
c. Endaural
d. Retrolabyrinthine

463. Tympanoplasty means all the following except:
a. Reconstruction of the tympanic membrane
b. Reconstruction of the ossicles
c. Removal of the posterior bony meatal wall
d. Reconstruction of the conductive hearing mechanism

464. Stapedectomy operation is indicated in:
a. Active otosclerosis with +ve Schwartz sign
b. Stapedial otosclerosis in pregnant women
c. Stapedial otosclerosis with conductive hearing loss
d. Stapedial otosclerosis with Meniere's disease

465. Which of the following statement is wrong concerning myringotomy operation?
a. It is indicated in acute suppurative otitis media with bulging drum
b. It is indicated in secretory otitis media after failure of medical treatment
c. It is better done in the postero-superior quadrant of the tympanic membrane
d. Residual perforation of the tympanic membrane is one of its complications

466. Myringotomy can be a treatment option for the following except:
a. Acute otitis media with bulging drum
b. Secretory otitis media after failure of medical treatment
c. Acute otitis media with facial paralysis in children
d. High jugular bulb

467. Radical mastoidectomy operation means:
a. Removal of mastoid air cells and middle ear contents except the stapes
b. Removal of diseased mastoid air cells
c. Removal of mastoid air cells and middle ear contents with preservation of healthy remnants of tympanic membrane and ossicles
d. None of the above.

468. The commonest nerve liable for injury during ear surgery is:
a. The facial nerve
b. The chorda tympani nerve
c. The Jackbson's nerve
d. The Arnold's nerve

469. During ear surgery, the facial nerve is more liable for injury in:
a. Old age
b. Young age
c. Males
d. Females

470. Which of the following patients is in need for ear surgery before the others?
a. A patient with cholesteatoma
b. A patient with acute otitis media and mastoiditis
c. A patient with secretory otitis media with marked diminution of hearing
d. A patient with bilateral otosclerosis with marked diminution of hearing

471. The Teflon piston used in stapedectomy is anchored between:
a. The head of the stapes and oval wndow
b. The long process of incus and oval wndow
c. The short process of incus and oval wndow
d. The handle of the malleus and oval wndow

472. The graft material used in tympanic membrane repair is:
a. Skin graft
b. Temporalis facia graft
c. Mucosal graft
d. All the above

473. Complications of stapedectomy include the following except:
a. Perilymph fistula
b. Injury of chorda tympani nerve
c. Fracture of long process of incus
d. Injury of the sigmoid sinus

474. The aim of radical mastoidectomy is:
a. To give safe ear.
b. To preserve hearing.
c. Reconstruct the ossicles.
d. Reconstruct the tympanic membrane.

475. The aim of modified radical mastoidectomy is:
a. To give safe ear & to preserve hearing.
b. Reconstruct the ossicles.
c. Reconstruct the tympanic membrane.
d. Reconstruct the ossicles and tympanic membrane

476. During cortical mastoidectomy, which part of facial nerve is liable for injury?
a. Vertical part
b. Horizontal part
c. Labyrinthine part
d. At its exit from the stylomastoid foramen

477. During postauricular incision, which part of facial nerve is liable for injury especially in children?
a. Vertical part
b. Horizontal part
c. Labyrinthine part

d. At its exit from the stylomastoid foramen

478. Which is better for extensive cholesteatoma in order to reduce the recurrence?
a. Modified radical mastoidectomy
b. Cortical mastoidectomy
c. Radical mastoidectomy with canal wall up technique
d. Radical mastoidectomy with canal wall down technique

479. During stapedectomy, we create a hole in:
a. The footplate of stapes
b. The round window
c. The cochlea
d. The lateral semicircular canal

480. The following materials are used for reconstruction of the tympanic membrane except:
a. Temporalis fascia
b. Perichondrium
c. Cartilage
d. Bone

481. During myringotomy, the following structures may be injured except:
a. Lateral semicircular canal
b. Incudo-stapedial joint
c. Abnormal high jugular bulb
d. Skin of external auditory canal

482. During cortical mastoidectomy, the following structures may be injured except:
a. Facial nerve
b. Eustachian tube
c. Dura
d. Sigmoid sinus

483. The following is an indication for radical mastoidectomy:
a. Cholesteatoma
b. Persistent secretory otitis media after failure of medical treatment
c. Recurrent acute otitis media
d. Adhesive otitis media

484. During mastoid surgery for children, it is better to do the post-auricular incision:
a. Oblique high
b. Oblique down
c. Vertical at the mastoid tip
d. Transverse at the mastoid tip

485. A 30 year old male having Attic cholesteatoma of left ear with lateral sinus thrombophlebitis. Which of the following will be the operation of choice ?
a. Tympanoplasty
b. Simple mastoidectomy with Tympanoplasty
c. Canal wall down mastoidectomy
d. Stapedectomy

486. Normal tympanic membrane can be seen in the following diseases except:
a. Mastoiditis

b. Meniere's disease
c. Otosclerosis
d. Presbyacusis

487. Hearing aid is the best treatment for:
a. Stapedial otosclerosis
b. Presbyacusis
c. Middle ear effusion
d. Chronic suppurative otitis media with discharge

488. In a patient with recent unilateral SNHL, an important investigation that should be requested is:
a. CT on petrous bone
b. CT on nasopharynx
c. MRI on cerebellopontine angle
d. Nasal endoscopy to exclude nasopharyngeal lesion.

Unilateral CHL (secretory otitis media): It may be caused by nasopharyngeal lesion, so nasal endoscopy and CT on nasopharynx are important.
Unilateral SNHL: It may be caused by acoustic neuroma, so MRI on cerebellopontine angle is important

Problem solving = Ear

What is the provisional diagnosis?

1. A 2 year old child spent the last night crying with a high temperature preceded with running nose. In the morning his mother noticed left ear discharge with subsidence of symptoms.

2. A 30 year old female had itching in her right ear for 3 weeks. 2 days ago, she scratched her right ear vigorously. Now, she has right earache increasing on mastication.

3. A 10 year old patient presented with right earache of acute onset, on otoscopic examination there was hemorrhagic bullae on the right tympanic membrane and the left ear was free.

4. A 30 year old patient presented with diminution of hearing in both ears, the condition started after swimming. No earache and no history of common cold. Otoscopic examination showed yellowish to dark brown mass in both ear canals and the tympanic membrane could not be seen.

5. A 25 year old patient presented with severe left earache that increases by movement of the jaw, the condition was associated with diminution of hearing. On examination there was tenderness over the tragus with excoriated skin around the left meatus and small tender swelling behind the left ear. Otoscopy was not done as the external auditory canal was edematous

and painful.

6. A 30 year old patient presented with right earache for 3 days. The pain increases on mastication. The tragus was tender with a localized swelling in the ear canal on examination.

7. A 20 year old female presented with right earache and discharge. She gave history of ear wash 2 days before, she felt pain in her right ear and water coming from the right side of the nose during the ear wash.

8. An old diabetic patient with severe right earache and discharge developed right facial paralysis. Right ear examination revealed granulations in the ear canal with intact normal drum

9. A 25 year old female had an att ack of left earache and diminution of hearing together with inability to close the left eye and deviation of mouth to the right side. 4 days later vesicular eruption appeared in the left external auditory meatus and concha of auricle.

10. A 34 year old patient presented with right earache and autophony. The condition is preceded with common cold 2 days earlier. Otoscoy showed congested bulging right drum.

11. A child with a history of repeated upper respiratory tract infections. His teacher reported deterioration in his scores and lack of his concentration in the class.

12. A 5 year old girl presented with diminution of hearing in both ears, the mother stated that her daughter snores loudly by night.

13. A 6 year old boy presented with diminution of hearing. Two months earlier, the boy had an attack of fever and severe bilateral earache following running nose, at that time he received medical treatment which led to subsidence of pain and fever.

14. A 6 year old boy presented with diminution of hearing for 6 months. Otoscopy showed dull retracted both ear drums with reduced mobility.

15. A 25 year old man presented with right ear deafness, tinnitus and intermittent odourless discharge. Right ear examination showed central perforation with normal left ear. Rinne test revealed that air conduction was less than bone conduction in the right ear, while Weber test showed lateralisation of hearing to the right ear.

16. A man with a long history of left ear offensive discharge, developed headache and blurring of vision. Left ear examination showed granulations and discharge.

17. A diabetic patient with a long history of left ear foul discharge developed left facial pain and left convergent squint. Left ear examination showed granulations and discharge.

18. A 3 year old child presented with inability to close the right eye preceded by common cold and right earache. Examination showed intact congested right tympanic membrane.

19. A 15 year old student with a long history of left ear discharge developed persistent fever, headache and neck rigidity. Examination of the ear showed foul discharge and granulations.

20. A 5 year old boy developed fever and right earache followed 2 days later by a painful tender post-auricular swelling. Examination showed right congested tympanic membrane.

21. A 25 year old female with right ear discharge of 7 years duration developed spiking (intermittent) fever and earache. Examination of the neck showed tenderness along the anterior border of the sternomastoid. The right ear showed attic granulations and offensive discharge.

22. A 30 year old patient presented with inability to close his left eye with deviation of mouth to the right

for 2 days. There was a long history of offensive left ear discharge that increased recently.

23. A 23 year old man presented with bilateral intermittent mucopurulent ear discharge for the last 4 years. 3 days ago, he had an attack of common cold. Otoscopy showed bilateral central perforation with pulsating discharge.

24. A 40 year old woman complained of diminution of hearing and tinnitus in both ears. Otoscopy showed no abnormality in both ears, Rinne test was negative bilaterally and Weber was lateralized to the right side.

25. A 45 year old patient presented with recurrent attacks of vertigo. He also complained of diminution of hearing and tinnitus in right ear. Both ears were normal on otoscopy. Rinne test was positive on both ears, and Weber test was lateralized to left side.

26. A 35 year old man was a victim to a car accident developed right ear bloody discharge and headache. He was transferred to the hospital, and on the next day he developed right facial paralysis. Otoscopy showed traumatic perforation of the right drum.

27. A 50 year old man presented with deafness and pulsatile tinnitus in his right ear. Examination showed reddish discolouration of right drum and his bone conduction was better than air conduction. His left ear was normal.

28. A 55 year old woman developed progressive hearing loss and tinnitus in her left ear. Otoscopic examination showed no abnormality in both ears. Audiological study showed moderate to severe SNHL in the left ear with normal hearing in the right ear.

29. A 60 year old man presented with right earache for the last 2 months. He gave long history of right ear deafness, tinnitus and discharge. Examination of the right ear showed reddish mass which bleeds on touch, the patient had facial parlysis and upper deep cervical lymphadenopathy. Also, the lower 4 cranial nerves were paralysed.

30. A 30 year old female presented with inability to close left eye and deviated mouth to right side. The condition was preceded 1 day before by left earache. Examination of both ears showed normal intact tympanic membrane. No history of trauma, operations, or ear discharge. He noticed discomfort on hearing loud sound and metallic taste in the mouth.

31. A 4 year old child with nasal tone of voice complained of diminution of hearing in both ears and nasal regurgitation of fluids. Otoscopy showed dull retracted both tympanic membranes.

32. A 5 year old boy that complained of severe chest infection, was admitted to the hospital for one week, he was diagnosed to have pneumonia. He was treated with antibiotic injections, analgesics, and mucolytics. After discharge from hospital, the parents noticed

that the child does not hear.

33. A baby that has been born full term, his parents noticed that his both ears are closed with small auricles. The parents gave history of +ve consanguinity.

34. A 7 year old boy presented with left ear discharge of 3 days duration. He gave a history of running nose followed by severe left earache and fever. With the appearance of discharge the pain and fever disappeared. No previous history of similar attack. Otoscopy showed small perforation in pars tensa with pulsating ear discharge.

35. A 22 year old female presented with severe pain in his right ear not preceded by upper respiratory infection. The pain increases on mastication and movement of the jaw. Ear examination revealed no abnormality, but the pre-auricular area was tender and showed click when the patient opens her mouth. The condition was recurrent on eating hard food.

36. A 50 year old man complained of recurrent attacks of vertigo that lasts seconds especially on lying on his right side and disappears on lying on his left side. No tinnitus or hearing affection. Otoscopy showed normal TM with fistula sign -ve bilaterally.

37. A 45 year old woman presented with severe attack of vertigo, nausea and vomiting. No tinnitus or diminution of hearing. Otoscopy showed normal TM with fistula sign -ve bilaterally. She gave a history of running nose and fever one week before.

38. A 70 year old man is complaining of decreased hearing acuity in both ears. Otoscopy showed normal intact TM with air conduction better than bone conduction bilaterally, the Weber was central. He gave no history of trauma, operation, ototoxic medication or vascular disease.

39. A 30 year old man complained of foul left ear discharge for 5 years. Examination showed attic granulations with discharge. Radical mastoidectomy was carried out. Unfortunately, once he recovered from anesthesia, he felt inability to close his left eye with deviation of mouth to right side.

40. A male patient 35 years old came for medical advice complaining of inability to close his right eye and deviation of angle of mouth to left side on smiling. He noticed discomfort on hearing loud sounds and metallic taste in mouth. He gave no history of trauma, operation or discharge from right ear. ENT examination revealed inability to move all muscles of facial expression, otherwise rest of examination was free.

41. A 28 year old patient presented with inability to close his right eye and deviation of his mouth to left side. He gave a long history of right foul discharge. Otoscopy showed poster-superior perforation with discharge and granulations.

42. A 30 year old man presented with inability to close his right eye with deviation of his mouth to left side following falling from the 2nd floor that resulted in loss of consciousness at that time. Examination showed normal both tympanic membranes.

43. A 33 year old man complained of severe right earache with sensation of a fluid in his right ear just before landing of his airplane. He gave a history of runny blocked nose before flying. Otoscopy showed retracted right drum with bubbles behind.

44. A 16 year old male patient presented with diminution of hearing on the left ear, he gave a history of severe epistaxis from left nostril which was recurrent. Otoscopic examination showed dull retracted left tympanic membrane and normal right tympanic membrane.

45. A 50 year old patient presented with inability to close his right eye and deviation of the angle of his mouth to the left side. The condition started after he recovered from anesthesia to remove a swelling of the right parotid gland.

46. A 3 year old child presented with inability to talk (mutism), with no response to sounds. His mother gave a history of neonatal jaundice of the child after birth, he was admitted at that time in the incubator for one week. Ear examination showed no abnormality.

47. A 40 year old patient presented with sudden diminution of hearing in the right ear. Examination of both ears showed no abnormality, pure tone audiometry showed SNHL on the right ear with normal hearing level in the left ear. MRI on cerebellopontine angle was requested, and it showed no abnormal masses. The patient has no medical problems.

48. A 3.5 year old child presented with delayed speech development. The parents gave history of repeated upper respiratory tract infections and recurrent earache of their child. Otoscopic examination showed dull retracted both tympanic membranes.

NOSE

Anatomy and Physiology of the nose

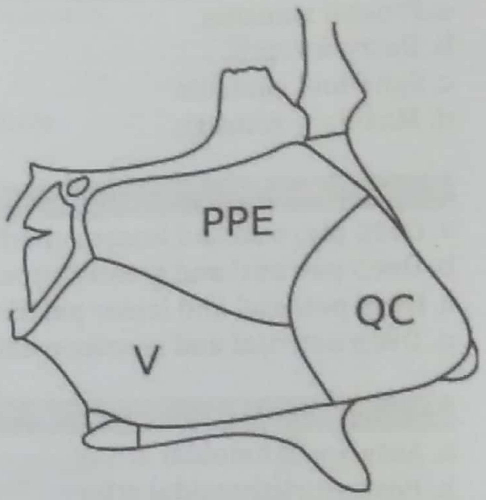
1. Anterior ethmoid presents bulge in the middle meatus called:
a. Bulla ethmoidalis.
b. Concha bullosa.
c. Lamina papyracea.
d. Haitaus semilunaris.

2. Regarding the nasal valve, all the following statements are true except:
a. It is the narrowest part of the nasal cavity
b. It is situated at the anterior end of the inferior turbinate
c. Its level is between the upper and lower lateral cartilages
d. It regulate the drainage of lacrimation

3. The nasal septum is formed of the following except:
a. Quadrangular cartilage
b. Vomer
c. Cribriform plate of ethmoid
d. Perpendicular plate of ethmoid

4. The choana is:
a. The anterior nasal opening
b. Communicating the nose with the nasopharynx
c. Formed laterally by the vomer
d. Usually closed at birth

5. The floor of the nose is formed of:
a. The soft palate
b. The hard palate
c. The 2nd premolar and the 1st molar teeth
d. The nasal turbinates



6. Regarding the bulla ethmoidalis, all the following are correct except:
a. It is the largest cell of anterior ethmoid sinus
b. It is situated under the superior turbinate
c. It is covered medially by the uncinate process
d. The hiatus semilunaris is below it

7. The following sinuses open in the middle meatus except:
a. The frontal sinus
b. The anterior ethmoid sinus
c. The posterior ethmoid sinus
d. The maxillary sinus

- Inferior meatus = nasolacrimal duct
- Middle meatus (OMC) = anterior group of sinuses:
Frontal: anterior through recess
Maxillary: posterior through infundibulum
Anterior ethmoid
- Superior meatus = posterior ethmoid
- Sphenoethmoidal recess = sphenoid

8. The nasal floor is formed by:
a. Lacrimal bone
b. Ethmoid bone
c. Paltine bone
d. Vomer

9. The nasolacrimal duct opens into:
a. The inferior meatus
b. The middle meatus

c. The superior meatus
d. The osteomeatal complex

10. Perpendicular plate of ethmoid bone forms the following part of nasal septum:
a. Anterior-inferior part
b. Anterior-superior part
c. Posterior-superior part
d. Posterior-inferior part

11. The following sinus does not open in the osteomeatal complex:
a. The maxillary sinus
b. The frontal sinus
c. The anterior ethmoid sinus
d. the sphenoid sinus

12. Discharge through the inferior meatus may indicate:
a. Frontal sinusitis
b. Dacryocystitis
c. Sphenoid sinusitis
d. Maxillary sinusitis

13. The Vidian nerve (of pterygoid canal) is formed of the following nerves:
a. Deep petrosal and lesser superficial petrosal
b. Deep petrosal and greater superficial petrosal
c. Deep petrosal and lesser palatine
d. Deep petrosal and greater palatine

14. The following artery is not sharing in the anastomosis on the Little's area:
a. Anterior ethmoidal artery
b. Posterior ethmoidal artery
c. Sphenopalatine artery
d. Greater palatine artery
e. Superior labial artery

Little's area at the antero-inferior part of septum is the commonest site for epistaxis =
1. Anterior ethmoidal of ophthalmic of ICA
2. Sphenopalatine of maxillary of ECA
3. Greater palatine of maxillary of ECA
4. Superior labial of facial of ECA

15. The anterior group of sinuses includes the following except:
a. The frontal sinus
b. The maxillary sinus
c. The sphenoid sinus
d. The Anterior ethmoid sinus

Anterior group:
Frontal + Maxillary + Anterior ethmoid
Posterior group:
Posterior ethmoid + Sphenoid

16. The anterior ethmoid is separated from the posterior ethmoid by:
a. Lamina papyracea
b. Uncinate process
c. Ground lamella
d. Superior turrbinate

17. The sphenoid sinus is in direct relation to the following structures except:
a. Internal carotid artery
b. Orbit
c. Optic nerve

d. Pituitary gland

18. The maxillary sinus is related to the following structures except:

a. Orbit
b. Second premolar tooth
c. Pterygopalatine fossa
d. Last molar

19. Reflex sneezing is carried through the following nerve:

a. Trigeminal
b. Facial
c. Glossopharyngeal
d. Vagus

20. Mucociliary clearance is characterized by the following except:

a. Composed of superficial viscid gel and deep watery sol layers
b. Has biphasic movement
c. Has olfactory function
d. May be destroyed by smoking and change in temperature

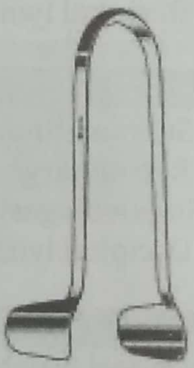
21. The function of the mucociliary system of the nose is:

a. Warming of air
b. Lubrication
c. Assist in olfaction
d. Continuous clearance of the mucous blanket

22. Anterior rhinoscopy shows the following areas except:

a. Inferior turbinate
b. Middle turbinate
c. Superior turbinate
d. Middle meatus

Anterior rhinoscopy shows till the middle turbinate, while nasal endoscopy shows the entire nasal cavity and even the nasopharynx



23. Anterior rhinoscopy is done by the use of:

a. Nasal endoscope
b. Nasal speculum
c. A mirror
d. Flexible endoscope

24. The ostium of the maxillary sinus opens in:

a. Floor of the sinus.
b. Roof of the sinus.
c. Medial wall of the sinus.
d. Between the medial wall & floor of the orbit.

25. The inferior meatus receives the opening of:

a. The maxillary sinus.
b. The anterior ethmoidal sinus.
c. The posterior ethmoidal sinus.
d. Nasolacrimal duct.

26. The middle meatus contains:

a. The ostia of the maxillary, anterior ethmoidal and frontal sinuses.

b. The ostia of the maxillary, posterior ethmoidal and frontal sinuses.
c. The nasolacrimal duct.
d. The ostia of the sphenoid sinus.

27. During inspiration the main current of airflow in a normal nasal cavity is through?
a. Middle part of the cavity in middle meatus in a parabolic curve
b. Lower part of the cavity in the inferior meatus in a parabolic curve
c. Superior part of the cavity in the superior meatus
d. Through olfactory area

28. All take part in the formation of nasal septum except?
a. Ethmoid
b. Sphenoid
c. Lacrimal
d. Palatine

29. The frontal sinus is:
a. A single sinus that is divided by a septum into right and left
b. A double sinus with right and left ones
c. Drained in the posterior part of the middle meatus
d. Drained in the superior meatus

30. Lymphatic drainage of the sphenoid sinus is to:
a. Submandibular lymph nodes
b. Retropharyngeal lymph nodes
c. Jugulodiagastric lymph nodes
d. Occipital lymph nodes

31. Lymphatic drainage of the maxillary sinus is to:
a. Submandibular lymph nodes
b. Retropharyngeal lymph nodes
c. Jugulodiagastric lymph nodes
d. Occipital lymph nodes

32. Which tooth is more related to the floor of the maxillary sinus?
a. Central incisor
b. Canine
c. First premolar
d. First molar

33. Which of the following is the most important surgical landmark during nasal surgery?
a. Inferior turbinate
b. Middle turbinate
c. Superior turbinate
d. Hiatus semilunaris

34. In congenital choanal atresia, the following are true except:
a. Bilateral cases may be fatal if not urgently managed
b. Bilateral cases may cause cyanosis
c. Bilateral cases may cause severe stridor
d. Bilateral cases causes difficult feeding

Bilateral choanal atresia is an emergency, while unilateral cases is not emergency

35. The most diagnostic investigation in choanal atresia is:
a. X-ray
b. Computerized tomography (CT) coronal views
c. Computerized tomography (CT) axial views
d. Magnetic resonance imaging (MRI)

36. Cyclic asphyxia is the presenting symptom of:
a. Bilateral choanal atresia.
b. Adenoids.
c. Acute laryngitis.
d. Nasal allergy.

37. Bilateral choanal atresia is characterized by the following except:
a. Cyanosis that improve with crying
b. Bilateral nasal obstruction
c. Difficulty suckling
d. The repair can be postponed till adolescence

38. Bilateral choanal atresia in a neonate is urgently managed by:
a. Transnasal puncture
b. Inserting an oral airway
c. Transpalatal repair
d. Transnasal repair by endoscope

A baby born with difficulty breathing, bilateral glue like discharge, and cyanosis that improves by crying = Bilateral choanal atresia

39. All the following is correct about unilateral choanal atresia except:
a. The situation may pass unnoticed at birth
b. It causes unilateral nasal obstruction
c. It causes unilateral nasal glue like discharge
d. It is an emergency situation discovered at birth and may lead to death

40. A patient presented with fracture nose that was happened 3 hours ago, his best treatment is:
a. Immediate reduction
b. Wait for one week then reduction
c. Wait for two weeks then reduction
d. Wait for 3 months till complete union occur then reduction

41. A patient presented with fracture nose that was happened 3 days ago, his best treatment is:
a. Immediate reduction
b. Wait for one week then reduction
c. Wait for two weeks then reduction
d. Wait for 3 months till complete union occur then reduction

42. A patient presented with fracture nose that was happened 3 weeks ago, his best treatment is:

a. Immediate reduction
b. Wait for one week then reduction
c. Wait for two weeks then reduction
d. Wait for 3 months till complete union occur then rhinoplasty

43. Surgical emphysema that may happen in fracture nose is increased by:

a. Blowing of the nose
b. Nasal drops
c. Coughing
d. Straining

In fracture nose, if the patient presented:
- Immediately: reduce it
- After oedema: antibiotics and anti-inflammatory and reduce it after one week
- After two weeks (malunion): wait for 3 months then rhinoplasty.
- After 3 months: Rhinoplasty

44. A 3 year-old child with unilateral offensive nasal discharge, most probably he has:

a. Atrophic rhinitis
b. Oro-antal fistula
c. Foreign body in the nose
d. CSF rhinorrhoea

A child with unilateral nasal obstruction and offensive discharge = Foreign body in the nose

45. The commonest cause of oro-antral fistula is:

a. Radical antrum operation
b. Excision of dental or dentigerous cyst
c. Dental extraction
d. Cancer maxilla eroding the floor

46. Oroantral fistula may follow extraction of:

a. The upper first premolar
b. The upper canine
c. The upper first molar
d. The upper wisdom tooth

47. Oro-antral fistula may cause the following except:

a. Unilateral offensive nasal discharge
b. Isolated maxillary sinusitis
c. Unilateral regurgitation of fluids
d. Bilateral nasal obstruction

Unilateral nasal regurgitation and offensive nasal discharge = Oro-antral fistula

48. Unilateral watery nasal discharge is highly suspicious of:

a. Oro-antral fistula
b. CSF rhinorrhoea
c. Foreign body in the nose
d. Common cold

49. CSF rhinorrhoea may be caused by the following except:

a. Fracture cribriform plate
b. Endoscopic sinus surgery
c. Malignancy in the roof of the nose
d. Dental extraction

50. The most diagnostic finding of CSF rhinorrhoea is:

a. The fluid is clear and colourless
b. The fluid contains sugar
c. The fluid reduces Fehling solution
d. The fluid contains beta 2 transferrin

51. CSF rhinorrhoea is characterized by the following except:
a. The fluid is clear, watery and has salty taste
b. The fluid is increased by coughing and straining
c. Semisitting position is preferred
d. It causes bilateral nasal discharge

52. CSF rhinorrhoea is:
a. Bilateral
b. Unilateral
c. Mucoid
d. Pulsating

Unilateral waterynasal discharge = CSF rhinorrhoea
Bilateral watery nasal discharge =
- Common cold
- Allergic rhinitis
- Vasomotor (intrinsic) rhinitis
- Excessive lacrimation

53. The commonest cause of CSF rhinorrhea is:
a. Congenital.
b. Traumatic.
c. Infective.
d. Neoplastic.

54. Commonest site for CSF rhinorrhoea is?
a. Ethmoid sinus
b. Frontal sinus
c. Petrous
d. Sphenoid sinus

55. A young adult male has exposed to a car accident and has sustained facial trauma. He still has a copious clear watery discharge from his left nostril. The next step is:
a. Blowing the nose to clean the nasal cavity
b. Nasal packing
c. Bed rest with prophylactic antibiotics
d. Putting his head down

56. In CSF rhinorrhoea, all the following measures are taken except:
a. Avoid blowing of the nose
b. Avoid coughing and straining
c. Nasal drops to prevent infection
d. Rest in semisitting position

57. Maggots in the nose are best treated by:
a. Chloroform in dilution with water
b. Lignocain spray
c. Liquid parafin
d. Systemic antibiotics

58. Anterior nasal packing after reduction of nasal fracture is to:
a. Stop the epistaxis
b. Internal support of nasal bone
c. Prevent nasal infection

d. Reduce the pain

59. Anterior nasal packing after reduction of nasal fracture is removed after:

a. 24 hours
b. 48 hours
c. One week
d. two weeks

60. Dislocated septum after nasal fracture is reduced by:

a. Walsham's forceps
b. Asch's forceps
c. Luc's forceps
d. Kucher's forceps

61. External fixation after nasal fracture by aluminium sheet is removed after:

a. 24 hours
b. 48 hours
c. One week
d. two weeks

62. Foreign body in the nose should be removed urgently to avoid:

a. Infection as rhinitis and sinusitis
b. Rhinolith (stone formation)
c. Foreign body inhalation
d. Persistent nasal obstruction

63. Regarding oro-antral fistula, all the following are true except:

a. Its commonest cause is dental extraction
b. It causes unilateral offensive nasal discharge
c. It causes bilateral nasal obstruction
d. It causes unilateral nasal regurgitation

64. To identify the source of leakage of CSF rhonorrhoea intraoperatively, we use:

a. Intravenous flourescine
b. Intrathecal flourescine
c. Intranasal flourescine
d. Intrathecal metrizamide

65. A patient with CSF rhinorrhoea should avoid the following except:

a. Coughing and straining
b. Leaning forwards
c. Blowing of the mouth
d. Intranasal medical drops

66. A clear fluid discharging from one nostril is highly suspicious of:

a. Oro-antral fistula
b. Foreign body in the nose
c. Unilateral choanal atresia
d. CSF rhinorrhoea

67. Nasal furunculosis is due to:
a. Staphylococcal infection of a pilosebaceous gland.
b. T.B infection of nasal mucosa.
c. Fungal infection of nasal skin.
d. H.influenza infection of the nose.

68. Furuculosis of the nose is dangerous because infection may spread to:
a. The nasal cartilage
b. The cavernous sinus
c. The orbit
d. The sphenois sinus

69. The commonest cause of bilateral watery nasal discharge is:
a. Allergic rhinitis
b. Common cold
c. Excessive lacrimation
d. Intrinsic rhinitis

70. All the following diseases are causes of unilateral nasal discharge except:
a. Oro-antral fistula
b. Foreign body in the nose
c. CSF rhinorrhoea
d. Common cold

71. Furuculosis of the nose may occur in:
a. The cartilaginous septum
b. The bony septum
c. The inferior turbinate
d. The nasal vestibule

72. Recurrent nasal furunculosis may be due to:
a. Allergic rhinitis
b. Diabetes mellitus
c. Chronic sinusitis
d. Deviated nasal septum

73. Vaccination can be done for the following except:
a. Influenza
b. Mumps
c. Measles
d. Common cold

74. A female with bilateral nasal offensive crustations may indicate:
a. Allergic rhinitis
b. Atrophic rhinitis
c. Hypertrophic rhinitis
d. Vasomotor rhinitis

A female with bilateral nasal obstruction and crusty discharge = Atrophic rhinitis
N.B. More common in females

75. Atrophic rhinitis can be found unilateral in the following except:
a. Deviated septum c-shaped
b. After turbinectomy

c. After medial maxillectomy
d. Granuloma

76. Prolonged use of vasoconstrictor nasal drops may lead to:
a. Allergic rhinitis
b. Atrophic rhinitis
c. Enlarged turbinates
d. Allergic polyps

77. Rhinitis medicamentosa is due to:
a. Autoimmune problem
b. Abuse of vasoconstrictor nasal drops
c. Viral infection
d. Fungal infection

78. Rhinoscleroma usually starts at:
a. Cartilaginous septum
b. Bony septum
c. Nasal vestibule
d. Muco-cutaneous junction

Rhinoscleroma is the commonest ENT granuloma.
It passes through 3 stages.
The most diagnostic is the active hypertrophic nodular stage as it contains the Mikulicz cells and Russel bodies.
Mikulicz cells = macrophages engulfing the organisms.
Russel bodies = degenerated plasma anucleated cells

79. All the following are used in treatment of atrophic rhinitis except:
a. Menthol paraffin nasal drops
b. Alkaline nasal douche
c. Decongestant nasal drops
d. Systemic antibiotics

80. All the following symptoms are present in atrophic rhinitis except:
a. Nasal obstruction
b. Crusty nasal discharge
c. Epistaxis
d. Parosmia

A patient with bilateral nasal obstruction and crusty discharge, examination showed bilateral nasal masses = Rhinoscleroma

81. Lupus of the nose usually affects:
a. Cartilaginous septum
b. Bony septum
c. Nasal vestibule
d. Muco-cutaneous junction

82. Apple jelly nodule of the nose is caused by:
a. Rhinoscleroma
b. Syphilis
c. Lupus
d. Leprosy

83. The pathognomonic cell in rhinoscleroma is:
a. Lymphocyte
b. Plasma cells
c. Mickulicz cells
d. Langhan's cells
e. Fiboblasts

Cells found in rhinoscleroma are:
- Mickulicz cells
- Russel bodies
- Fibroblasts
The pathognomonic cells are:
Mickulicz cells and Russel bodies

84. Gumma of syphilis usually affects:

a. Anterior part of nasal septum
b. Posterior part of nasal septum
c. Nasal vestibule
d. Muco-cutaneous junction

85. Rhinoscleroma is:
a. A benign tumour of the nose
b. A malignant tumour of the nose
c. A fungal infection of the nose
d. A bacterial infection of the nose

Rhinoscleroma is a granuloma caused by Klebsiella rhinoscleromatis which is Gram-ve intra-cellular dipobacilli (i.e. Chronic specific infection)

86. The following is a characteristic for rhinoscleroma:
a. It is a malignant disease affecting the nose
b. It is usually unilateral
c. Mikulicz's cells and Russel bodies are seen microscopically
d. It is treated by radiotherapy

87. All the following lines of treatment could be applied in rhinoscleroma except:
a. Rifampicin.
b. Cytotoxic drugs.
c. Surgery to canalize the stenosed canal.
d. Laser surgery.

88. In Atrophic rhinitis:
a. The patient feels his nose is roomy and patent
b. The patient feels bad odour in his nose
c. The patient complains of anosmia
d. The patient suffers from dysphagia

89. In Atrophic rhinitis:
a. The nose is full of watery discharge
b. The inferior turbinate is hypertrophied
c. The nose is roomy with excessive crusts
d. The patient heavily smells a bad odour

90. The following type of fungal sinusitis occurs in immune-compromised patient:
a. Fungal ball
b. Allergic fungal sinusitis
c. Chronic indolent granulomatous type
d. Mucormycosis

91. Allergic fungal sinusitis is characterized by the following except:
a. Caused by Aspergillus
b. Causes nasal polyps which is more commonly unilateral
c. Seen as heterogeneous opacity with calcification and bone expansion on CT
d. Fatal and treated with Amphotrecin-B

92. Mikulicz cells and Russel bodies which are diagnostic for rhinoscleroma are more often present in the:
a. Atrophic stage
b. Hypertrophic nodular stage
c. Fibrotic stage
d. All stages

93. Scleroma can affect the following sites except:
a. Larynx
b. Nose
c. Bronchi
d. Lacrimal system

94. The most likely cause of a black mass in the nose and palate among the following is?
a. Actinomycosis
b. Aspergillosis
c. Mycetoma
d. Mucormycosis

95. Which of the following is the most common etiological agent in paranasal sinus mycoses?
a. Aspergillus spp.
b. Histoplasma
c. Conidiobolus coronatus
d. Candida albicans

96. Rhinophyma is?
a. Hyperplasia of the sebaceous glands
b. Hyperplasia of the sweat glands
c. Hypertrophy of the inferior turbinate
d. Aeration of middle turbinate

97. The commonest to cause acute fulminant invasive fungal sinusitis:
a. Asperigillosis
b. Rhinospordiosis
c. Candidiasis
d. Mucormycosis

A diabetic patient developed acute bilateral nasal obstruction and discharge, with progressive diminution of vision and proptosis = Mucormycosis

98. Deviated nasal septum may cause the following except:
a. Nasal obstruction
b. Epistaxis
c. Anosmia
d. Headache

99. Non symptomatic deviated nasal septum needs:
a. Septoplasty.
b. Sub-mucperichondrial resection.
c. Cauterization.
d. None of the above.

100. The treatment of deviated septum with dislocation in a 12 year-old patient is:
a. Submucous resection
b. Septoplasty
c. Reduction with Asch's forceps
d. None of the above
e. All the above

101. Bilateral swelling in both sides of nasal septum following trauma may suspect:
a. Septal dislocation
b. Septal haematoma
c. Septal deviation

Facial trauma followed by bilateral flactuant septal swelling = Septal haematoma

d. Septal spur

102. Causes of nasal septal perforation include all of the following except:
a. Trauma
b. Cocaine sniffers
c. Rhinoscleroma
d. Syphilis
e. Midline lethal grauloma

103. Perforation of nasal septum may be due to:
a. Trauma
b. Septal abscess
c. Granuloma of the nose
d. All of the above
e. None of the above

104. Septal abscess may cause the following except:
a. Perforation of bony septum
b. Cavernous sinus thrombosis
c. Supratip depression
d. Bilateral nasal obstruction

105. Perforation of cartilaginous septum may be caused by the following except:
a. Lupus
b. Septal abscess
c. Syphilis
d. Cocaine addiction

The only cause of posterior septal bony perforation is the syphilis that cause also perforation of hard palate

106. Anterior septal perforation is caused by:
a. Nasal polypectomy
b. Turbinctomy
c. Bilateral cautery for epistaxis
d. Syphilis

107. The commonest sinus to be inflamed is:
a. Maxillary
b. Anterior ethmoid
c. Frontal
d. Sphenoid

108. Obstruction of the osteomeatal unit leads to inflammation of the following sinuses except:
a. Frontal
b. Maxillary
c. Anterior ethmoid
d. Sphenoid

Anterior group of sinuses (frontal, maxillary, and anterior ethmoid) open into the middle meatus (OMC)
Posterior ethmoid opens into the superior meatus
Sphenoid opens into the sphenoethmoidal recess

109. The following structure opens in the middle meatus:
a. The sphenoid sinus
b. The maxillary sinus
c. The nasolacrimal duct
d. The posterior ethmoid

110. In frontal sinusitis, the discharge is in:

a. The anterior part of the middle meatus.
b. The posterior part of the middle meatus.
c. All over the middle meatus.
d. The inferior meatus.

> *Sites of pain in sinusitis:*
> *- Maxillary: over the cheek*
> *- Frontal: over the forehead*
> *- Ethmoid: Inner canthus medial to the eye*
> *- Sphenoid: retro-orbital*

111. In ethmoidal sinusitis, the discharge is in:

a. The anterior part of the middle meatus.
b. The posterior part of the middle meatus.
c. All over the middle meatus.
d. The inferior meatus.

112. In maxillary sinusitis, the discharge is in:

a. The anterior part of the middle meatus.
b. The posterior part of the middle meatus.
c. All over the middle meatus.
d. The inferior meatus.

113. Vacuum headache is caused by inflammation of the following sinus:

a. Frontal
b. Maxillary
c. Posterior ethmoid
d. Sphenoid

114. The most important preoperative investigation for sinusitis is:

a. X-ray sinus view
b. Computerized tomography (CT)
c. Magnetic resonance imaging (MRI)
d. Culture and sensitivity of nasal discharge

> *Common cold followed by facial pain, nasal obstruction and discharge may indicate acute sinusitis*

115. The commonest predisposing factor for sinusitis in children is:

a. Allergic rhinitis
b. Cystic fibrosis with viscid mucus
c. Kartagner's syndrome with immotile cilia
d. Adenoid

116. Complications are commonest with inflammation of the following sinus:

a. Ethmoid
b. Maxillary
c. Frontal
d. Sphenoid

> *Cranial complications for sinusitis:*
> *- Frontal osteomyelitis*
> *- Frontal bone abscess (Potts-Puffy tumour)*
> *- Frontal fistula*

117. The commonest complication of sinusitis is:

a. Orbital cellulitis
b. Frontal lobe abscess
c. Frontal oseomyelitis
d. Cavernous sinus thrombosis

118. The following sinus may be inflamed in children:

a. Frontal
b. Ethmoid
c. Maxillary
d. Frontal and ethmoid

> *The children have ethmoid and maxillary sinuses only. The frontal and sphenoid sinuses develop later on in life*

e. Ethmoid and maxillary

119. Cavernous sinus is related to the following nerves except:

a. Oculomotor
b. Trochlear
c. Abducent
d. Mandibular

120. Mucocele is common in the following sinus:

a. Frontal
b. Maxillary
c. Ethmoid
d. Frontal and maxillary
e. Frontal and ethmoid

The commonest site for mucocele is frontal, ethmoidal, and fronto-ethmoidal

121. The commonest predisposing factor for sinusitis is:

a. Deviated septum
b. Allergic nasal polyps
c. Common cold
d. Defect in mucociliary clearance

Swelling above and medial to the eye pushing it down and lateral, CT shows cystic lesion = Frotnal mucocele

122. The lamina papyracea is the bony partition that separate:

a. The orbit from the frontal sinus
b. The orbit from the maxillary sinus
c. The orbit from the ethmoid sinus
d. The orbit from the sphenoid sinus

Complications of sinusitis are more common in children due to:
- Thin lamina papyracea
- Low immunity

123. Bilateral nasal obstruction, crusty nasal discharge, with nasal masses is suspicious of:

a. Atrophic rhinitis
b. Hypertrophic rhinitis
c. Allergic rhinitis
d. Rhinoscleroma

Intra-cranial complications of sinusitis:
- Extradural and subdural abscess
- Meningitis
- Brain abscess
- Cavernous sinus thrombosis

124. All are true about rhinoscleroma except:

a. It is endemic in Egypt.
b. It is a disease of low immunity and low resistance.
c. It runs in families due to genetic inheritance.
d. It is sub-epithelial inflammatory granuloma.

125. The causative agent of rhinoscleroma is:

a. Sporozoon.
b. Low virulent T.B bacillus.
c. Treponema Ballidum.
d. Gram –ve short capsulated diplobacillus.

126. The causative agent of lupus vulgaris is:

a. Sporozoon.
b. Low virulent T.B bacillus.
c. Treponema Ballidum.
d. Gram –ve short capsulated diplobacillus.

127. Radiological finding of sinusitis include all of the following except:

a. Bone destruction.
b. Opacity of the affected sinus.
c. Fluid level.
d. Mucosal thickening.

128. Unilateral chronic maxillary sinusitis is usually of:
a. Nasal origin.
b. Dental origin.
c. Orbital origin.
d. All of the above.

129. The frontal mucocele may be caused the following except:
a. Chronic frontal sinusitis.
b. Obstruction of a duct of a mucus gland.
c. Obstruction of frontal recess by osteoma.
d. Antochoanal polyp

130. The following are cranial complications of sinusitis except:
a. Osteomylitis of the maxillary & frontal bone.
b. Fistula formation.
c. Subperiosteal abscess.
d. Extradural abscess.

131. The point of tenderness in acute frontal sinusitis is:
a. The inner canthus.
b. The supra-orbital margin.
c. The infra-orbital margin.
d. None of them.

132. The point of tenderness in acute ethmoidal sinusitis is:
a. The inner canthus.
b. The supra-orbital margin.
c. The infra-orbital margin.
d. None of them.

133. The point of tenderness in acute maxillary sinusitis is:
a. The inner canthus.
b. The supra-orbital margin.
c. The infra-orbital margin.
d. Cheek.

134. In acute sinusitis, the sinus most often involved in children is?
a. Maxillary
b. Sphenoid
c. Ethmoid
d. Frontal

135. A 30 year old man presents with 6 months history of facial pain and fever. On antibiotic therapy, fever subsided. After 1 month again he had symptoms of mucopurulent discharge in middle meatus. Next best step is?
a. Non contrast CT Nose
b. Xray PNS
c. Facial MRI

d. Inferior antrostomy

136. Pott's Puffy tumor is:
a. A benign tumor of the frontal sinus
b. A malignant tumor of the frontal sinus
c. A sub-periosteal abscess of the fronal sinus
d. A type of frontal osteoma

137. The cardinal symptoms of sinusitis include the following except:
a. Nasal obstruction
b. Nasal discharge
c. Epistaxis
d. Facial pain and headache

138. The following diseases may cause crusty nasal discharge except:
a. Atrophic rhinitis
b. Septal hematoma
c. Septal perforation
d. Rhinoscleroma

139. Lateral sinus thrombophlebitis may extend to the cavernous sinus through:
a. Superior and inferior petrosal sinuses
b. Emissary veins
c. Pharyngeal plexus of veins
d. Pterygoid plexus of veins

140. Mucocele of the frontal sinus is best treated by:
a. Obliteration of the frontal sinus
b. Endoscopic marsupialization
c. External frontoethmoidectomy
d. Frontal trephine operation

141. Allergic fungal sinusitis has the following characters except:
a. Heterogeneous opacity on CT
b. Bone expansion on CT
c. Greenish discharge
d. The patient is usually immune-compromised

Allergic rhinitis and tumors of the nose

142. The mechanism of nasal allergy is:

a. Type 1 hypersensitivity reaction.
b. Type 2 hypersensitivity reaction.
c. Type 3 hypersensitivity reaction.
d. Type 4 hypersensitivity reaction.

143. Recurrent attacks of sneezing, burning, bilateral nasal obstruction and discharge are highly suspicious of:

a. Atrophic rhinitis
b. Hypertrophic rhinitis
c. Allergic rhinitis
d. Rhinoscleroma

> *Allergic rhinitis is a type I hypersensitivity (atopy), characterized by recurrent attacks of sneezing, itching (burning), rhinorrhoea, and obstruction. It is also characterized by elevated IgE and esinophils, and the most diagnostic test is RAST*

144. Esinophilia may indicate the following disease:

a. Atrophic rhinitis
b. Hypertrophic rhinitis
c. Allergic rhinitis
d. Rhinoscleroma

145. Elevated serum IgE may indicate the following disease:

a. Atrophic rhinitis
b. Hypertrophic rhinitis
c. Allergic rhinitis
d. Rhinoscleroma

> *Recurrent sneezing, itching, rhinorrhoea (bilateral watery) and nasal obstruction = Allegic rhinitis*

146. The commonest source for nasal polyps is:

a. The frontal sinus
b. The maxillary sinus
c. The ethmoid sinus
d. The sphenoid sinus

> *Persistent nasal obstruction in a case of allergic rhinitis indicates the formation of polyps. While the appearance of headache, facial pain and muco-purulent discharge indicates the occurrence of sinusitis*

147. Immunotherapy in allergic rhinitis aims at:

a. Increasing the level of secretory of IgE
b. Decreasing mast cell count
c. Increasing blocking IgG
d. Increasing macrophage cell count

148. The occurrence of nasal polyps in a case of allergic rhinitis is suspected when:

a. The sneezing is increased
b. The discharge is increased
c. The obstruction becomes persistent
d. Burning sensation of the nose is increased

149. Allergic polyps are characterized by the following except:

a. Usually bilateral
b. Multiple
c. Pale bluish with glistening appearance
d. They bleed on touch

150. Treatment of allergic nasal polyps is/are:

a. Endoscopic sinus surgery
b. Steroid nasal spray
c. Systemic steroids
d. All the above

151. The source of antrochoanal polyp is:

a. The frontal sinus
b. The maxillary sinus
c. The ethmoid sinus
d. The sphenoid sinus

Allergic nasal polyps descend from ethmoid (multiple and bilateral)
Antrochoanal polyp arises from maxillary antrum (single and unilateral)
In all cases, the polyp is glistening, pale, smooth, mobile, insensitive, and pedunculated

152. In allergic nasal polypi, the following is true except:

a. It is usually bilateral
b. The site of origin is the ethmoidal air cells
c. Bronchial asthma is not an uncommon association
d. It is usually associated with elevated IgA in the blood

153. The best treatment for antrochoanal polyp is:

a. Endoscopic sinus surgery
b. Steroid nasal spray
c. Systemic steroids
d. All the above

154. The following type of chronic sinusitis is more liable to be associated with polypi:

a. Frontal sinusitis
b. Ethmoidal sinusitis
c. Maxillary sinusitis
d. Sphenoid sinusitis

155. Which lesion of the following commonly reaches the nasopharynx?

a. Allergic nasal polyps
b. Antrochoanal polyp
c. Inverted papilloma
d. Fibrous dysplasia

156. In antrochoanal polyp, all the following are true except:

a. Arises from the sphenoid sinus
b. Causes unilateral nasal obstruction
c. May reach the nasopharynx
d. Is treated with excision with or without radical antrum operation

157. Sneezing is a common symptom in:

a. Sinusitis
b. Fracture nasal bones
c. Allergic rhinitis
d. Cerebrospinal rhinorrhoea

158. The following is correct about antrochoanal polyp:

a. Causes unilateral nasal obstruction
b. Arises in the superior meatus
c. Associated with watery nasal discharge

d. Removed by lateral rhinotomy

159. The following is not a characteristic for allergic nasal polypi:
a. Bilateral
b. Arises from the maxillary sinus
c. A nasal smear contains excessive easinophils
d. Commonly recur after excision

160. Vasomotor (intrensic) rhinitis is treated by:
a. Cutting the parasympathetic part of Vedian nerve
b. Cutting the sympathetic part of Vedian nerve
c. Cutting the nerve of pterygoid canal completely
d. Cutting the olfactory nerve

161. The most common type of nasal polypi is:
a. Allergic.
b. Infective.
c. Secondary to malignancy in the nose.
d. Secondary to rhinoscleroma

162. The allergic nasal polyp is:
a. Soft & mobile.
b. Rigid & non mobile.
c. Reddish in color.
d. Painful on touch.

163. Watery nasal discharge is a finding in:
a. Atrophic rhinitis.
b. Allergic rhinitis.
c. Chronic sinusitis.
d. Rhinoscleroma.

164. The main presenting symptoms of ethmoidal nasal polyp are all of the following except:
a. Attack of severe epistaxis.
b. Persistant nasal obstruction.
c. Rhinorrhea.
d. All of the above.

165. Which of the following is used to confirm nasal allergy:
a. Esinophilia in nasal secretion.
b. Esinophilia in blood.
c. Elevated serum IGE.
d. All of the above.

166. The main manifestation of antrochoanal polyp is:
a. Proptosis.
b. Unilateral nasal obstruction.
c. Headache.
d. Sneezing.

167. All of the following surgical procedures are used for allergic rhinitis, except?
a. Radiofrequency ablation of the inferior turbinate
b. Laser ablation of the inferior turbinate

c. Submucosal placement of silastic in inferior turbinate
d. Inferior turbinectomy

168. The commonest benign tumour of sinuses is:
a. Squamous cell papilloma
b. Inverted papilloma
c. Haemangioma
d. Osteoma

169. The commonest site for osteoma is:
a. Frontal
b. Maxillary
c. Ethmoid
d. Sphenoid

170. Inverted papilloma is characterized by the following except:
a. It is benign with locally destructive effect
b. It never turns malignant
c. It arises from the lateral wall of the nose
d. It may recure after excision

171. The best treatment for inverted papilloma is:
a. Middle meatal antrostomy
b. Medial maxillectomy
c. Total maxillectomy
d. Radiotherapy

Inverted papilloma is a benign tumour arising from the lateral nasal wall (schniederian membrane), It may turn malignant and has high recurrence rate.
The best treatment is endoscopic medial maxillectomy

172. Fibrous dysplasia is:
a. A benign tumour
b. A locally malignant tumour
c. A malignant tumour
d. A replacement of osteoblasts with fibroblasts

173. Cancer maxilla may cause the following except:
a. Sneezing and itching
b. Dental pain and loosening of teeth
c. Unilateral nasal obstruction
d. Upward proptosis

174. Regarding inverted papilloma, all the following statements are true except:
a. Benign locally aggressive tumour
b. It arises from transitional epithelium
c. It arises from schniederian membrane
d. Radiotherapy is needed to prevent post-operative recurrence

175. The commonest site of origin of inverted papilloma is:
a. Lateral wall of the nose
b. Nasal septum
c. Cribriform plate
d. Frontal sinus

An old male with unilateral nasal obstruction, unilateral facial pain and numbness ± loosening of teeth ± bloody discharge = Carcinoma of maxillary sinus

176. The commonest site for carcinoma of paranasal sinuses is:
a. Frontal

b. Maxillary
c. Ethmoid
d. Sphenoid

177. Spread of cancer maxilla to pterygopalatine fossa may cause the following except:
a. Trismus
b. Cheek pain
c. Cheek numbness and anaesthesia
d. Cheek swelling and ulceration

Pterygopalatine fossa contains pterygoid muscles, maxillary nerve and artery

178. Carcinoma of the nose or sinuses with intra-cranial extension is treated by:
a. Medial maxillectomy
b. Total maxillectomy
c. Total maxillectomy with cranio-facial resection
d. Palliative treatment

179. All the following are odontogenic cysts except:
a. Dental cyst at the root of the carious tooth
b. Dentigerous cyst around unerrupted tooth
c. Naso-labial cyst
d. Cystic degeneration of adamantinoma

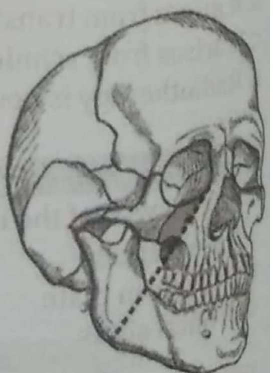
180. An encephalocele is:
a. A herniated neural structure with patent connection with the subarachnoid space
b. A herniated neural structure without patent connection with the subarachnoid space
c. An ectopic neural tissues which is not related to the intracranial structure
d. A sac containing CSF which is separated from the subarachnoid space

The only nasal mass that have a patent duct with the subarachnoid space is the encephalocele, so it is dangerous to remove a nasal polyp in a child without preoperative CT

181. Unilateral polypoidal mass arising from the lateral wall of the nose in 55 years old man is most probably:
a. Inverted papilloma.
b. Rhinoscleroma.
c. Allergic nasal polyp.
d. Antrochoanal polyp.

182. Nasal regurgitation may occur in all of the following except:
a. Ethmoid carcinoma.
b. Palatal paralysis.
c. Advanced maxillary sinus carcinoma.
d. Cleft palate.

183. Ohngren's line which is of prognostic value for cancer maxilla, extends from?
a. Lateral canthus of the eye to the mandibular angle
b. Medial canthus of the eye to the mandibular angle
c. Lateral canthus of the eye to the tragus
d. Medial canthus of the eye to the tragus



184. Which of the following is true regarding maxillary tumors?

a. Maxillary tumors superior to Ohngren's line have a poorer prognosis
b. Maxillary tumors inferior to Ohngren's line have a poorer prognosis
c. Prognosis of maxillary tumors is independent of location in relation to Ohngren's line
d. None of the above

185. Ground Glass appearance of paranasal sinuses is seen in?
a. Sinusitis
b. Deviated nasal septum
c. Fibrous dysplasia
d. Antrochoanal polyp

186. Which of the following cysts usually contain a tooth inside?
a. Dental cyst
b. Dentigerous cyst
c. Nasopalatine cyst
c. Nasolabial cyst

187. The following tumor is characterized by multiple cysts:
a. Adamantinoma
b. Fibrous dysplasia
c. Inverted papilloma
d. Frontal osteoma

188. The following tumor has a high recurrence rate and may turn malignant:
a. Fibrous dysplasia
b. Ethmoidal osteoma
c. Inverted papilloma
d. Nasal hemangioma

189. Biopsy is an important preoperative investigation in the following lesion:
a. Inverted papilloma
b. Antrochoanal polyp
c. Frontal osteoma
d. Allergic nasal polyps

190. The following diseases may present with epistaxis except:
a. Inverted papilloma
b. Antrochoanal polyp
c. Carcinoma of nasal cavity
d. Angiofibroma

191. Allergic nasal polypi in children may be associated with:
a. Polycystic kidneys
b. Cystic fibrosis of the lungs
c. Multiple cysts of the parotid glands
d. All the above

192. Unilateral nasal obstruction in newly born infant may be due to:

a. Antrochoanal polyp.
b. Allergic nasal polyp.
c. Choanal atresia.
d. Non of the above.

193. Alternating nasal obstruction is mainly:

a. Allergic.
b. Infective.
c. Neoplastic.
d. None of them.

194. Which type of fungal rhinosinusitis is more dangerous and needs early intervention?

a. Fugal ball (Mycetoma)
b. Mucormucosis
c. Allergic fungal sinusitis
d. Chronic indolent type

195. The following diseases usually cause unilateral nasal discharge except:

a. Allergic rhinitis
b. Antochoanal polyp
c. Oro-antral fistula
d. CSF rhinorrhoea

196. The following is the best drug that can be used as analgesic for patients with bleeding disorders:

a. Acetyl salicylic acid
b. Piroxicam
c. Paracetamol
d. Indomethacin

197. All the following measures are used as first aid treatment for control of mild epistaxis except:

a. The patient is placed in sitting position with the head extended backwards.
b. The nose is pinched between 2 fingers
c. Application of cold compresses
d. Introduce adrenaline into the nose

198. The appearance of clear watery fluid from one side of the nose after nasal surgery may suspect:

a. Oro-antral fitula
b. CSF rhinorrhoea
c. The occurrence of mucocele
d. The occurrence of sinusitis

199. Unilateral offensive nasal discharge in a child is most commonly caused by:

a. Foreign body

b. Sinusitis
c. Adenoiditis
d. Deviated septum

200. All the following diseases cause bilateral nasal obstruction except:
a. Septal haematoma
b. Rhinoscleroma
c. Diphtheria
d. Allergic rhinitis

201. All the following diseases cause unilateral nasal obstruction except:
a. Antrochoanal polyp
b. Foreign body in the nose
c. Sinusitis of dental origin
d. Common cold

202. Causes of unilateral nasal discharge include the following except:
a. Foreign body
b. CSF rhinorrhoea
c. Sinusitis of dental origin
d. Allergic rhinitis

203. The following diseases cause bilateral water and food nasal discharge except:
a. Cleft palate
b. Syphilitic perforation of hard palate
c. Paralysis of the soft palate
d. Oronatral fistula

204. Attacks of sneezing, watery nasal discharge, and alternating nasal obstruction can be caused by:
a. Rhinoscleroma
b. Allergic rhinitis
c. Nasal tumour
d. Atrophic rhinitis

205. A cause of unilateral nasal obstruction:
a. Allergic rhinitis
b. Rhinoscleroma
c. Cancer maxilla
d. Common cold

206. Bilateral nasal obstruction in a 40 year old adult can be caused by:
a. Allergic nasal polypi
b. Nasopharyngeal angiofibroma
c. Choanal atresia
d. Foreign body

207. The commonest cause of bilateral nasal obstruction in a child is:
a. Deviated septum

b. Adenoid hypertrophy
c. Nasal polypi
d. Nasal foreign body

208. The commonest site for epistaxis is:
a. The anterior end of the nasal septum
b. The posterior end of the nasal septum
c. The anterior end of the inferior turbinate
d. The posterior end of the inferior turbinate

> *Little's area at the antero-inferior part of nasal septum is the commonest site for epistaxis*
> *It is formed of anastomosis between: anterior ethmoidal artery (from ophthamic of ICA), sphenopalatine and greater palatine of maxillary, and superior labial of facial (from ECA)*

209. All these arteries are sharing in the anastomosis of Kiesselbach's plexus except:
a. Anterior ethmoidal artery
b. Sphenoplatine artery
c. Descending palatine artery
d. Superior labial artery

210. Little's area is located on:
a. Inferior turbinate
b. Nasal septum
c. Middle meatus
d. Sphenoethmoidal recess

211. The Kiesselbach's plexus in the Little's area is formed by the following except:
a. Labial branch of the facial artery
b. Septal branch of sphenopalatine artery
c. Pharyngeal artery
d. Anterior ethmoidal artery
e. Greater palatine artery

212. Anterior ethmoidal artery is a branch of:
a. External carotid artery
b. Internal carotid artery
c. Maxillary artery
d. Facial artery

213. Systemic causes of epistaxis include the following except:
a. Hepatic failure
b. Hypertension
c. Lekaemia
d. Deviated septum
e. Anticoagulant drugs

> *The commonest cause of epistaxis in children is idiopathic, and in elderly is hypertension*

214. Local causes of epistaxis include the following except:
a. Idiopathic
b. Hemophilia
c. Deviated septum
d. Angiofibroma
e. Septal pefroration

215. The best treatemnet for mild epistaxis from Little's area is:

a. Anterior nasal pack
b. Cautery of the bleeding point
c. Posterior nasal pack
d. Blood transfusion

216. In treatment of mild epistaxis, the following measures are advised except:

a. Pinching the nose
b. Application of cold compresses
c. Lying the patient supine with the head low down
d. Application of vasoconstrictors into the nose

217. The commonest cause of recurrent epistaxis in a child is:

a. Angiofibroma
b. Nose picking
c. Trauma
d. Idiopathic

218. Epistaxis in an elderly may be due to the following causes except one:

a. Hypertension
b. Anticoagulant therapy
c. Cancer maxilla
d. Rheumatic fever
e. Leukaemia

First aid measures for mild epistaxis:
1. Sitting position with flexed neck
2. Application of cold compresses
3. Pinching the nose
4. Spitting the blood
5. Vasoconstrictors in the nose

219. Shocked patient may have the following except:

a. Hypotension
b. Rapid weak pulse
c. Rapid shallow respiration
d. Polyurea

Shock = Hypotension + Tachycardia (rapid weak pulse) + Tachypnea (rapid shallow respiration) + Cold clammy sweat + Restlessness and irritability + Oligurea

220. After failure of nasal packing to stop bleeding, ligation of maxillary artery is done if the site of bleeding was:

a. The Little's area
b. The posterior part of lateral nasal wall
c. The superior part of the nose
d. Undefined

221. After failure of nasal packing to stop bleeding, ligation of ethmoidal arteries is done if the site of bleeding was:

a. The Little's area
b. The posterior part of lateral nasal wall
c. The superior part of the nose
d. Undefined

Common sites for epistaxis:
- Little's area at antero-inferior part of septum
- Posterior part from sphenopalatine of maxillary artery (below middle turbinate)
- Superior part from ethmoidal artery of ophthalmic of ICA (above middle turbinate)

222. An 18 year old boy presented with epistaxis and unilateral nasal mass. The most likely diagnosis is?

a. Rhinoscleroma
b. Antrochoanal polyp
c. Rhinosporidiosis
d. Angiofibroma

223. In control of epistaxis, posterior nasal pack is used in the following except:
a. Post-adenoidectomy bleeding
b. Bleeding from the sphenopalatine artery
c. Bleeding from Little's area
d. Bleeding after excision of angiofibroma

224. Infection in the following sinus causes periodic headache:
a. Frontal
b. Maxillary
c. Ethmoid
d. Sphenoid

225. Regarding contact headache, all the following are correct except:
a. Is due to contact between septum and turbinate
b. Can be caused by concha bullosa
c. Improved by Xylocaine in the contact area
d. Has characteristic periodicity

226. Trigeminal neuralgia may be precipitated by the following except:
a. Teeth brushing
b. Shaving the beard
c. Mastication
d. Swallowing

> *Stimulation of The face, teeth, ant.2/3 of tongue, and mandible may lead to trigeminal neuralgia. Stimulation of the pharynx (swallowing) may lead to glossopharyngeal neuralgia*

227. Who of the following is less liable to complain of migraine?
a. Doctor
b. Obsessive person
c. Intellectual worker
d. Heavy manual worker

> *Migraine is more common in intelligent, intellectual, obsessive persons, and in cases under continuous mental stress*

228. Anosmia may be caused by the following diseases except:
a. Deviated septum
b. Atrophic rhinitis
c. Allergic nasal polyps
d. Rhinoscleroma

229. The most common cause of epistaxis in a 4-year-old boy is?
a. Chronic rhinitis
b. Nasal polyp
c. Foreign body
d. Nose picking

> *Offensive nasal discharge is caused by:*
> *- Foreign body in the nose*
> *- Sinusitis of dental origin (due to dental caries or fistula)*
> *- Atrophic rhinitis, but the patient has anosmia*

230. Cacosmia is caused by the following except:
a. Foreign body in the nose

b. Sinusitis of dental origin
c. Oro-antral fistula
d. Atrophic rhinitis

231. A patient with complete anosmia is still responding to inhalation of:
a. Coffee
b. Vanilla
c. Ammonia
d. Garlic

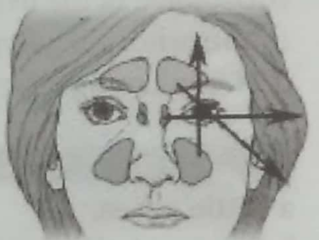
Ammonia is highly irritant, so it is perceived by the trigeminal nerve not by olfactory

232. Cacosmia is a characteristic symptom in:
A. Acute sinusitis
b. Sinusitis of dental origin
c. Atrophic rhinitis
d. Rhinoscleroma

Perforation is more common in SMR than in septoplasty, as the cartilage is removed in SMR

233. Nasal crustations after septal surgery may suspect:
a. Intra-nasal adhesion
b. Septal abscess
c. Septal perforation
d. Sinusitis

234. Lateral displacement of the eye ball is due to:
a. Sphenoid sinus lesion
b. Ethmoid sinus lesion
c. Maxillary sinus lesion
d. Frontal sinus lesion



235. The most common helpful investigation for the nose and paranasal sinuses is:
a. Plain X ray
b. CT scan
c. MRI
d. MRA

236. Pain of ethmoidal sinusitis is referred along the course of?
a. Nasociliary nerve
b. Infratrochlear nerve
c. Frontal nerve
d. Infraorbital nerve

237. The etiology of anterior ethomoidal neuralgia (Contact headache) is?
a. Inferior turbinate pressing on the nasal septum
b. Middle turbinate pressing on the nasal septum
c. Superior turbinate pressing on the nasal septum
d. Causing obstruction of sphenoid opening

238. The commonest complication after nasal surgery is:
a. CSF rhinorrhoea

b. Septal perforation
c. Intra-nasal adhesion
d. Postoperative haemorrhage

Major complications of ESS include:
a. Optic injury (blindness)
b. Cribriform plate injury (CSF rhinorrhoea)
c. Carotid injury (fatal haemorrhage)

239. Endoscopic sinus surgery is used in removal of the following lesions except:
a. Allergic nasal polyps
b. Mucocele of ethmoid
c. Cancer Maxillary sinus
d. Inverted papilloma

ESS can be used for removal of angiofibroma after embolization

240. Caldwell-Luc operation is used in the following except:
a. Removal of recurrent antrochoanal polyp
b. Closure of oroantral fistula
c. Removal of dental or dentigerous cyst
d. Control of CSF rhinorrhoea

241. Orbital ecchymosis following endoscopic sinus surgery may be caused by:
a. Injury of ground lamella
b. Injury of laminal paparycea
c. Injury of cribriform plate
d. Injury of middle turbinate

242. Proptosis may be caused by all the following diseases except:
a. Ethmoidal mucocele
b. Osteoma of the frontal sinus
c. Antrochoanal polyp
d. Nasopharyngeal angiofibroma

243. The most common site of nasal bleeding is:
a. Little's area.
b. Spenopalatine foramen.
c. Middle meatus.
d. Sphenoethmoidal recess.

244. Resistant epistaxis from below the middle turbinate requires ligation of:
a. The anterior ethmoidal artery.
b. The sphenopalatine artery.
c. The maxillary artery.
d. The internal jugular vein.

245. The following drugs can cause epistaxis except:
a. Salicylates.
b. Anticoagulants.
c. Quinine.
d. Ampicllin.

246. Periodic headache is a characteristic symptoms in:
a. Frontal sinusitis.
b. Ethmoidal sinusitis.

c. Maxillary sinusitis.
d. Sphenoidal sinusitis.

247. The commonest complication of sinusitis is:
a. Meningitis.
b. Orbital.
c. Extradural abscess.
d. Brain abscess.

248. The following is complication of SMR of deviated nasal septum:
a. Septal haematoma.
b. Septal abscess.
c. Septal perforation.
d. All of the above.

249. Headache in sinusitis is due to:
a. Tension headache.
b. Vacuum headache.
c. Toxic headache.
d. All of the above.

250. Unilateral nasal discharge and unilateral nasal obstruction in 13 years old boy is may be diagnostic of:
a. Antrochoanal polyp.
b. Adenoids.
c. Nasopharyngeal carcinoma.
d. Inverted papilloma.

251. Occipital headache is more liable to be of:
a. Cervical origin
b. Dental origin
c. Ocular origin
d. Aural origin

252. Functional nasal endoscopic surgery is used for the teatment of?
a. Carcinoma of the Ethmoid
b. Antrochoanal polyp
c. Chronic sinusitis
d. None

253. Most c[illegible]on cause of unilateral, foetid, blood-stained nasal discharge is?
a. Carcinoma
b. Polyps
c. Foreign Body
d. Sinusitis

254. The current treatment of choice for a large Antro-choanal polyp in a 30 year old man is?
a. Intranasal polypectomy
b. Caldwell Luc operation

c. ESS (Endoscopic sinus surgery)
d. Lateral Rhinotomy and excision

255. Vidian neurectomy is indicated in?
a. Atrophic rhinitis
b. Glossopharyngeal neuralgia
c. Trigeminal neuralgia
d. Vasomotor rhinitis

256. During endoscopic sinus surgery, care to avoid orbital injury is more taken on entering:
a. The maxillary sinus
b. The ethmoid sinus
c. The frontal sinus
d. The sphenoid sinus

257. Benign tumor of the following structure can be removed endoscopically through the nose:
a. Lacrimal gland
b. Pituitary gland
c. Pineal gland
d. All the above

258. Heterogeneous opacity on CT paranasal sinuses is seen in:
a. Antrochoanal polyp
b. Osteoma
c. Allergic fungal sinusitis
d. Mucocele

259. A unilateral glistening nasal mass that increase on straining in a 3 year old boy may suspect:
a. Antrochoanal polyp
b. Glioma
c. Encephalocele
d. Demoid cyst

260. A 30 year old female presented with severe stridor that necessitates tracheostomy. Examination of her nose showed bilateral nasal masses. She may have:
a. Atrophic rhinitis
b. Allergic rhinitis with polypi
c. Rhinoscleroma
d. Lupus of the nose

Problem solving = Nose

What is the provisional diagnosis?

1. A newborn presented with difficulty of breathing, bilateral nasal discharge and intermittent cyanosis. Examination showed bilateral mucoid nasal discharge and normal larynx.

2. A 3 year old child with left nasal obstruction and offensive discharge for a week.

3. A 35 year old man was a victim to a car accident developed right nasal watery discharge and headache. Examination of the nose showed no abnormality.

4. A 45 year old diabetic woman presented with left nasal offensive discharge, pain over the left side of the face and regurgitation of fluid for a week. She gave history of extraction of one of her teeth on the same side.

5. A 45 year old female presented with right facial pain, and right nasal obstruction and discharge. She gave history of dental pain on right upper jaw. Her nasal discharge was offensive and right cheek was tender.

6. A 20 year old male presented with a rapidly developing bilateral nasal obstruction following facial trauma. On examination, there was bilateral soft reddish swelling on both sides of nasal septum with complete obstruction of both nasal cavities.

7. A 50 year old diabetic patient presented with small painful tender swelling in the left nostril. The condition was repeated 3 times through the last year.

8. A 30 year old female presented with severe stridor that necessitates tracheostomy. Examination of her nose showed bilateral nasal crustations (and/or masses).

9. A 38 year old female presented with bilateral nasal crusty discharge and loss of smell. Examination showed wide both nasal cavities with foul crusts.

10. An old diabetic female developed progressive facial pain and headache with bilateral nasal obstruction, offensive discharge and proptosis of right eye followed by blindness.

11. A 50 year old female presented with right eye proptosis, edema of eyelid, pain, and progressive visual deterioration. She gave history of recurrent attacks of bilateral nasal obstruction, discharge, facial pain and headache, the condition was preceded with common cold. Anterior rhinoscopy showed yellowish discharge in right nasal cavity.

12. A 20 year old male patient complained of dull aching pain over the forehead for the last one year. The pain increased in the morning and then decreased gradually associated with intermittent nasal discharge. One week ago the pain became very severe with complete nasal obstruction, fever and deterioration of general condition; lastly he became drowsy with mental behavioral changes, vomiting and

blurring of vision.

13. A 6 year old boy was seen by an ophthalmologist for headache of 2 months duration. Headache was present between the eyes. No ocular cause was detected and the child was referred to an otolaryngologist who noticed nasal tone of voice with bilateral nasal obstruction and discharge. The mother reported that her child opens his mouth and snores during sleep and also he complained of repeated attacks of chest infection.

14. A 44 year old female presented with bilateral nasal obstruction for the last 10 days. The condition was preceded with common cold, there was mild fever and headache. Examination showed tenderness at the root of the nose and between eyes.

15. A 30 year old man diagnosed to have deviated septum. He underwent operation, and postoperatively he noticed crusty nasal discharge with bleeding on removal of the crusts.

16. A 5 year old child presented with edema and redness of right eyelids that obstructing his eye, the condition was associated with fever (39), and right nasal discharge. The mother gave a history running nose and cough of her son for the last week.

17. A 40 year old woman complained of bilateral watery nasal discharge, alternating nasal obstruction. Examination showed mildly enlarged edematous turbinates.

18. A 32 year old male patient presented with bilateral nasal obstruction of 5 years duration. He gave a history of sneezing, lacrimation and bilateral watery nasal discharge that sometimes become yellowish green. Anterior rhinoscopy showed bilateral grape-like smooth glistening masses with clear nasal discharge.

19. A 30 year old man presented with right nasal obstruction and discharge. Examination revealed right nasal glistening mass. He gave no history of sneezing or bleeding.

20. An old male with right nasal obstruction developed epistaxis from the right side. Examination of the nose showed right nasal friable pink mass, which was not tender.

21. A 60 year old male had a severe att ack of bilateral epistaxis. No history of local nasal diseases or trauma. Nasal examination showed no abnormality apart from both nasal cavities was filled with blood.

22. A 28 year old woman complained of long history of recurrent bilateral facial pain and nasal discharge. The doctor advised her to do endoscopic sinus surgery and after the operation the patient felt well but she complained of left watery nasal discharge.

23. A 3 year old girl presented with left nasal foul discharge. Examination of her nose revealed foul discharge in the left nasal fossa. The child was not co-operative to remove the discharge.

24. A 25 year old man presented with bilateral nasal obstruction of 7 years duration with difficulty of breathing of 6 months duration. Examination of his nose showed bilateral nasal masses and the indirect laryngoscopy showed subglottic mass.

25. A 50 year old diabetic woman presented with bilateral nasal obstruction and blackish discharge of 2 weeks duration. 2 days ago, she developed facial swelling, pain and protrusion of her left eye associated with diminution of vision.

26. A 35 year old woman presented with pain above her right eye with right nasal muco-purulent discharge and obstruction of 4 days duration. The condition was preceded by common cold. The pain starts in the morning and increases in mid-day then it gradually decreases. Examination showed discharge in middle meatus and deviation of septum to the right side with tenderness over right side of forehead (eyebrow).

27. A 7 year old child presented with recurrent attacks of sneezing especially in the morning with bilateral watery nasal discharge. Also, he complained of burning sensation of the nose. Examination of his nose showed no abnormality.

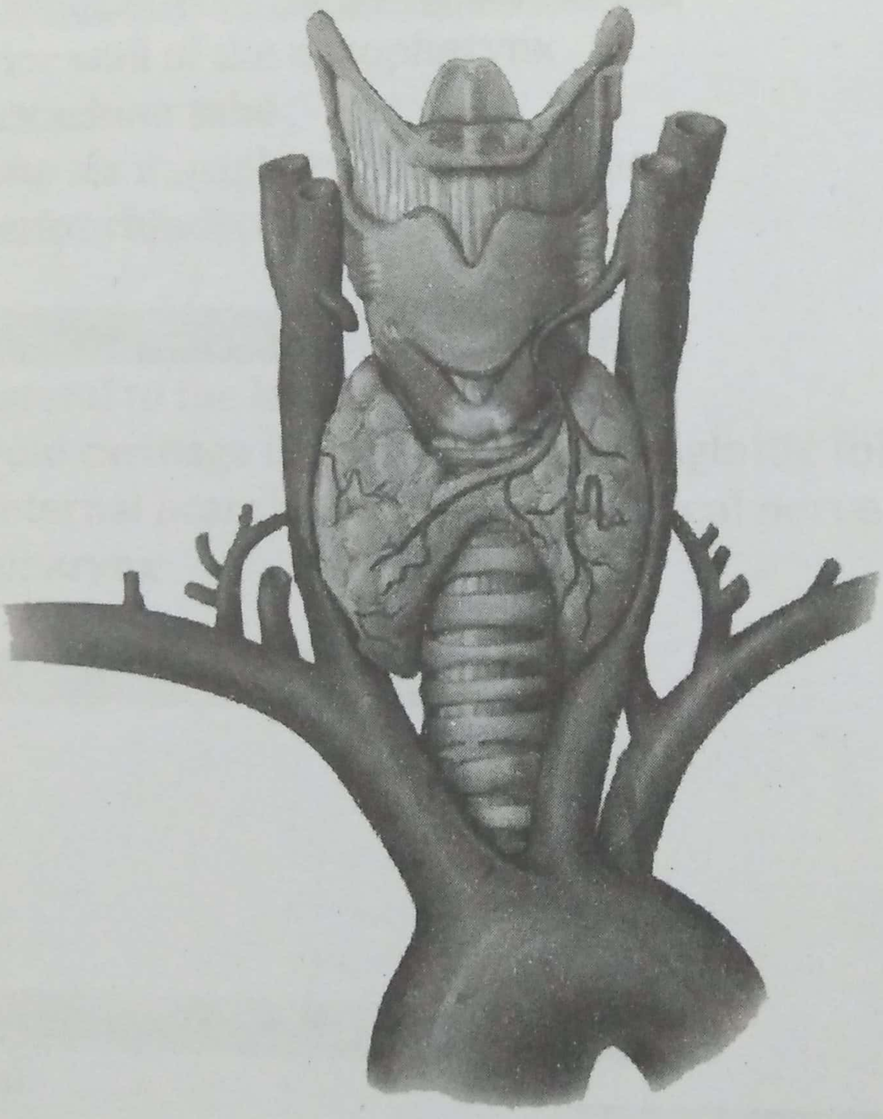
28. A 7 year old boy presented with mild bleeding from his right side of the nose. He gave no history of trauma, previous nasal obstruction or discharge. The condition was recurrent and precipitated with blowing of the nose. Examination showed no nasal abnormality apart from congested anterior part of right side of nasal septum.

29. A 22 year old male received a blow to his face. There was marked deformity: What are the symptoms, signs, and lines of treatment if the patient presented

a. Three hours following the trauma
b. Three days following the trauma
c. Three months following the trauma

30. A 4 year old girl presented with right offensive nasal discharge for 2 weeks. Her parents stated that the Pediatrician diagnosed her to have sinusitis on the right side, and she received medical treatment in the form of antibiotics and decongestant for 10 days but with no response.

THROAT



Anatomy and physiology of the pharynx

1. At the level of 6th cervical vertebra, the following are true except:
a. Larynx ends; trachea begins
b. Pharynx ends; esophagus begins
c. Inferior thyroid artery crosses posterior to carotid sheath
d. Arytenoids cartilage are present

2. Regarding the nasopharynx, all the following statements are correct except:
a. It is the post-nasal space
b. It contains the Eustachian tube in its lateral wall
c. Its roof contains nasopharyngeal lymphoid tissues
d. It is not related to the skull base

3. Fossa of Rosen-Muller is characterized by the following:
a. Present in the posterior wall of the nasopharynx
b. It is in front of the Eustachian tube
c. It is the commonest site for nasopharyngeal carcinoma
d. It can be seen by anterior rhinoscopy

4. Pyriform fossa is characterized by the following except:
a. Present behind and lateral to the larynx
b. It is bounded by thyroid cartilage laterally and ary-epiglottic fold medially
c. It is supplied by the internal branch of superior laryngeal nerve
d. It is a part of the oropharynx

5. The superior constrictor muscle is related to:
a. The mandible
b. The hyoid bone
c. The thyroid cartilage
d. The cricoids cartilage

6. The tonsil is supplied from the following arteries except:
a. Ascending pharyngeal
b. Facial
c. Lingual
d. Superior thyroid

Blood supply of the tonsil: (all from ECA)

1. *Tonsillar of facial*
2. *Ascending pharyngeal*
3. *Ascending palatine of facial*
4. *Descending palatine of maxillary*
5. *Dorsalis lingual of lingual*

7. Most pharyngeal muscles are supplied by:
a. Trigeminal nerve
b. Glossopharyngeal nerve
c. Vagus nerve
d. Hypoglossal nerve

All pharyngeal muscles are supplied by the vagus nerve except Tensor palate and Stylopharyngeus

8. Waldeyer's ring is characterized by the following except:
a. It has efferent lymphatics
b. It is more active in adults than in children
c. It protects both the respiratory and the digestive tracts
d. The palatine tonsils are its largest part

9. The palatine tonsil is characterized by the following except:
a. It lies in the oropharynx between the palatoglossal and palatopharyngeal arches
b. It is supplied by the glossopharyngeal nerve
c. It is related to the superior constrictor muscle
d. Its medial surface is covered by fibrous capsule

10. The nasopharynx can be seen by the following methods except:
a. Nasal endoscopy
b. Anterior rhinoscopy
c. Posterior rhinoscopy
d. Flexible nasopharyngoscopy

11. The muscle which forms the bed of the tonsil is:
a. Superior constrictor
b. Middle constrictor
c. Inferior constrictor
d. Posterior belly of diagastric

12. The anterior belly of diagastric muscle is supplied by:
a. Facial nerve
b. Trigeminal nerve
c. Glossopharyngeal nerve
d. Vagus nerve

13. The posterior belly of diagastric muscle is supplied by:
a. Facial nerve
b. Trigeminal nerve
c. Glossopharyngeal nerve
d. Vagus nerve

14. Not a part of Waldeyer's ring:
a. Nasopharyngeal lymphoid tissues
b. Buccal Lymphoid tissues
c. Palatine tonsils
d. Lingual tonsils

The sensory innervations of the pharynx via glossopharyngeal nerve (in pharyngeal plexus), however the nasopharynx and palate is supplied by trigeminal nerve (maxillary), and hypopharynx is supplied by vagus

15. The mucosa of the palate received sensory innervations from:
a. Trigeminal nerve
b. Vagus nerve
c. Glossopharyngeal nerve
d. Hypoglossal nerve

16. The only muscle which is supplied by the glossopharyngeal nerve is:
a. Stylohyoid
b. Stylopharyngeus
c. Salpingpharyngeus
d. Cricopharyngeus

The mucosa of the pharynx is stratified squmous epithelium except the nasopharynx is pseudostratified columnar ciliated epithelium

17. The mucosa of the nasopharynx is:
a. Stratified squamous epithelium

b. Columnar ciliated epithelium
c. Transitional epithelium
d. Flat cuboidal epithelium

18. The sensory innervation of the nasaopharynx is Mainly via:
a. Maxillary of trigeminal nerve
b. Glossopharyngeal nerve
c. Auriculotemporal of mandibular nerve
d. Vagus nerve

19. The sensory innervation of the oropharynx is Mainly via:
a. Maxillary of trigeminal nerve
b. Glossopharyngeal nerve
c. Auriculotemporal of mandibular nerve
d. Vagus nerve

20. The sensory innervation of the hypopharynx is Mainly via:
a. Maxillary of trigeminal nerve
b. Glossopharyngeal nerve
c. Auriculotemporal of mandibular nerve
d. Vagus nerve

21. The anterior tonsillar pillar is formed of the following muscle with overlying mucosa:
a. Palatopharyngeus
b. Palatoglossus
c. Stylopharyngeus
d. Salpingopharyngeus

The bed of the tonsil is formed of superior constrictor muscle, and its anterior pillar is formed of palatoglossus muscle, while the posterior pillar is formed of palatopharyngeus muscle.

22. The cricoid cartilage is situated at the following level:
a. The 4th cervical vertebra
b. The 5th cervical vertebra
c. The 6th cervical vertebra
d. The 7th cervical vertebra

23. The specific lymph nodes of the palatine tonsil are:
a. Submandibular lymph nodes
b. Jugulodiagastric lymph nodes
c. Occipital lymph nodes
d. Supraclavicular lymph nodes

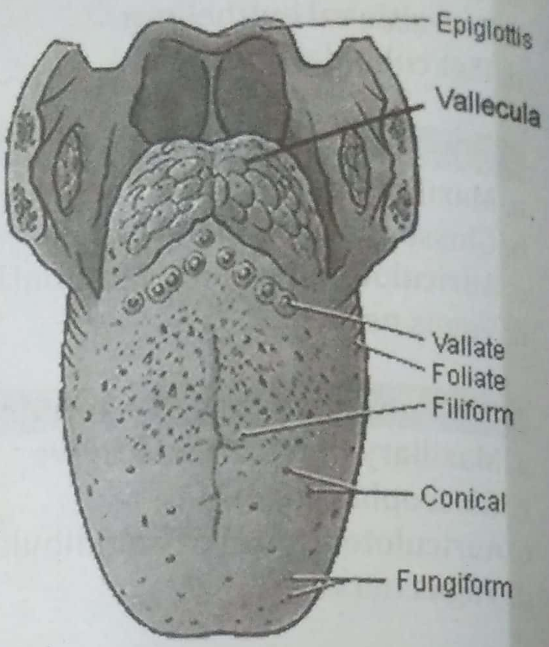
24. The mucosa of the medial surface of the palatine tonsil is:
a. Columnar ciliated with invaginations called crypts
b. Stratified squamous with invaginations called crypts
c. Mixture of Columnar ciliated and stratified with invagination called crypts
d. Covered by a fibrous capsule

25. The palatine tonsil receives its arterial supply from all of the following except?
a. Facial

b. Ascending palatine
c. Sphenopalatine
d. Dorsal lingual

26. The vallecula is:
a. Part of tongue base
b. Lower pole of the palatine tonsil
c. Part of pyriform fossa
d. Part of soft palate above the uvula

27. The lower end of Eustachian tube opens in:
a. Lateral wall of nasal cavity
b. Lateral wall of nasopharynx
b. Posterior wall of nasopharynx
d. Roof of nasal cavity


Epiglottis
Vallecula
Vallate
Foliate
Filiform
Conical
Fungiform

28. The commonest nasopharyngeal swelling is:
a. Squamous cell carcinoma
b. Lymphoma
c. Adenoid
d. Adenoid cystic carcinoma

29. The speech of a child with adenoid is:
a. Hypernasal (Open nasality, Rhinolalia aperta)
b. Hyponasal (closed nasality, Rhinolalia clausa)
c. Hot potato voice
d. Hoarse voice

The lateral surface of the tonsil is surrounded by capsule, while its medial surface has 12-15 crypts that covered by mucosa.
The adenoid has 5-6 furrows and has no capsule

30. Adenoid may cause the following except:
a. Middle ear effusion
b. Sinusitis
c. Nasal discharge
d. Dysphagia

31. Enlarged adenoid may cause the following except:
a. Deafness
b. Epistaxis
c. Sleep apnea
d. Nocturnal enuresis

32. Not in adenoid facies:
a. Prominent lower incisors
b. High arched palate
c. Open mouth
d. Narrow pinched nostrils

Adenoid facies:
- Open dry mouth
- Prominent upper central incisors
- Elevated upper lip
- High arched palate
- Receding lower jaw
- Narrow pinched nostrils
- Apathetic look

33. The following lesions may leads to proptosis except:
a. Nasopharyngeal angiofibroma.
b. Nasopharyngeal carcinoma.
c. Adenoid hypertrophy,
d. Nasopharyngeal sarcoma.

34. Adenoid hypertrophy may lead to all of the following except:
a. Adenoid face.
b. Otitis media with effusion.
c. Sensory neural deafness.
d. Nasal discharge.

35. A 4 year old child presented with lack of attention, mouth breathing, and hyponasality is most probably has:
a. Secretory otitis media
b. Adenoid
c. All of the above
d. None of the above

Snoring in children is highly suspicious for adenoid

36. The routinely used investigation for diagnosis of adenoid hypertrophy is:

a. Computerized tomography (CT) on nasaopharynx
b. Magnetic resonance imaging (MRI) on nasopharynx
c. X-ray on nasopharynx with contrast
d. Plain X-ray on nasopharynx

37. The commonest cause of bilateral nasal obstruction in children is:

a. Adenoid
b. Rhinoscleroma
c. Foreign body
d. Angiofibroma

38. Complications of acute tonsillitis may include the following except:

a. Rheumatic fever
b. Glomerulonephritis
c. Ludwig's angina
d. Parapharyngeal abscess

39. The commonest organism of acute tonsillitis is:

a. Streptococcus haemolyticus
b. Proteus
c. Staphylococcus aerius
d. Bacteroids

40. The treatment of acute tonsillitis includes the following except:

a. Systemic antibiotics
b. Analgesics, antipyretics
c. Antiseptic mouth gargle
d. Tonsillectomy

Acute tonsillitis is treated medically as there is infection and congestion, while chronic tonsillitis is treated surgically

41. Tonsillitis may cause referred otalgia through:

a. Arnold's nerve of vagus
b. Jackbson's nerve of glossopharyngeal
c. Hypoglossal nerve
d. Greater auricular nerve

42. The diphtheritic membrane is characterized by the following except:

a. Bilateral
b. Offensive
c. Deeply adherent
d. Exceeds the limit of the tonsil

43. The commonest cause of death in diphtheria is:

a. Heart failure due to toxic myocarditis
b. Respiratory failure due to respiratory paralysis
c. Airway obstruction by the pseudomembrane
d. Bronchopeumonia by inhaled pseudomembrane

44. Fever in diphtheria is:

a. High grade fever.
b. Low grade fever.
c. Remittent fever.
d. Intermittent fever.

45. The pulse in diphtheria is:
a. Weak rapid pulse.
b. Full bounding pulse.
c. Synchronous with the temperature.
d. Non synchronous with the temperature.

46. In a case of 5 years old boy with a membranous faucial lesion , temp 38° & pulse 180/min, the most probable diagnosis is:
a. Infectious mononucleosis.
b. Acute follicular tonsillitis.
c. Diphtheria.
d. Agranulocytosis.

47. In diphtheria, the antitoxic serum is given:
a. To neutralize the circulating exotoxin
b. To neutralize the fixed exotoxin
c. To kill the diphtheria baçilli
d. All of the above.

48. Vincent's angina is characterized by the following except:
a. The causative organisms are spirochetes
b. Its predisposing factor is bad oral hygiene
c. It is diagnosed by Paul-Bunnel test
d. It causes deep irregular oral ulcerations

49. The causative agent of vincent`s agent:
a. Boreli vencenti.
b. Candida albicans.
c. Epestin-Barr virus.
d. Streptococci.

50. Positive Paul-Bunnell test is diagnostic for:
a. Diphtheria
b. Acute follicular tonsillitis
c. Infectious mononeucleosis
d. Thrush stomatitis

A patient with fever, dysphagia, lymphadenopathy ± hepatosplenomegaly may have infectious mononeucleosis

51. Infectio[illegible]ononucleosis is caused by:
a. Herpes virus
b. Cytomegalovirus
c. Influenza virus
d. Epestien-Barr virus

52. The following organism may cause generalized lymphadenopathy:
a. Boreli vencenti.

b. Candida albicans.
c. Epestin-Barr virus.
d. Streptococci.

53. Moniliasis is characterized by the following except:
a. It is caused by candida albicans (i.e. fungal infection)
b. It causes milky whitish membrane
c. It causes high fever
d. Prolonged antibiotic treatment may be a predisposing factor

Candidiasis is caused by fungi (Candida albicans), common in immune-compromised patients

54. Treatment of Infectious mononucleosis includes the following except:
a. Complete bed rest
b. Ampicillin antibiotic
c. Analgesic antipyretic as paracetamol
d. Antiseptic mouth gargle

55. The causative agent of thrush stomatitis is:
a. Boreli vencenti.
b. Candida albicans.
c. Epestin Barr virus.
d. Streptococci.

56. Membranous tonsillitis may be due to:
a. Diphtheria.
b. Acute follicular tonsillitis.
c. Infectious mononucleosis.
d. All of the above.

57. Pharyngeal ulcer may be due to:
a. Herpes simplex.
b. Herpes zoster.
c. Herpangina.
d. All of the above.

58. Behcet's disease is characterized by all the following except:
a. Stomatitis and pharyngeal ulcerations.
b. Conjunctivitis, corneal opacity, irridocyclitis.
c. Genital ulcer.
d. Perforation of hard palate.

59. The most highly specific diagnostic investigation for Epestin-Barr virus infection is:
a. Complete blood picture that show monocytosis
b. Monospot test
c. Paul-Bunnell test
d. Viral capsid antigen

60. Treatment of Behcet's disease consists of:
a. Corticosteroids locally & systemic.
b. Cytotoxic drugs.
c. Antihistaminic.

d. Antibiotic in large doses.

61. Pharyngeal ulcerations associated with skin lesions are all the following except:

a. Pemphigus.
b. Linchen planus.
c. Lupus erthromatosis.
d. Herpangina.

62. The following antibiotic is contraindicated in infectious mononucleosis:

a. Ampicillin.
b. Erythromycin.
c. Cephalosporin.
d. Klarythromycin.

63. Oro-nasal fistula due to perforated hard palate is caused by:

a. Scleroma
b. Tuberculosis
c. Syphilis
d. Leprosy

64. Plummer-Vinson syndrome is characterized by the following except:

a. Splenomegaly
b. Achlorhydria
c. Koilonychia
d. Haematemesis
e. Dysphagia

65. Pharyngeal ulcer may be due to:

a. Blood diseases.
b. Skin diseases (linchen planus).
c. Toxic (heavy metals).
d. All of the above.

66. Leucoplakia of the oral & pharyngeal mucosa is:

a. Malignant condition.
b. Precancerous condition.
c. Inflammatory condition.
d. Toxic condition.

67. A middle age female with gradually progressive dysphagia, Koilonychia, hypochromic anaemia, and glazed tongue is suffering from:

a. Hypopharyngeal carcinoma
b. Plummer [illegible]son syndrome
c. Oesophageal carcinoma
d. Achalasia of the cardia

A middle age female with dysphagia, splenomegaly, and anaemia is suspicious for Plummer-Vinson syndrome

68. All the following diseases may cause pharyngeal ulcerations except:

a. Pharyngoscleroma
b. Tuberculosis
c. Syphilis

d. Herpes

69. Acantholysis is a feature in:

a. Pemphigus
b. Pemphigoid
c. Behcet's disease
d. Aphthous ulcer

70. Apthous ulceration of the pharynx is characterized by the following except:

a. Recurrent
b. Multiple
c. Heals spontaneously
d. Caused by fungus

A patient with acute tonsillitis (fever + dysphagia), developed throbbing pain to one side with trismus ± torticollis ± referred otalgia = Quinsy

71. Quinsy means collection of pus in:

a. Parapharyngeal space
b. Retropharyngeal space
c. Peritonsillar space
d. Crypta magna of the tonsil

72. Quinsy is characterized by all the following except:

a. Trismus
b. Torticollis
c. Referred otalgia
d. Hoarseness of voice

Torticollis

73. The best treatment for quinsy is:

a. Short course of radiotherapy
b. Assurance and rest
c. Antidiphtheritic serum
d. Incision and drainage

The tonsil is pushed medially in parapharyngeal abscess, while it is pushed medially and down in quinsy

74. Beck's triad is diagnostic for:

a. Quinsy
b. Parapharyngeal abscess
c. Retropharyngeal abscess
d. Ludwig's angina

Beck's triad = parapharyngeal abscess:
- Swelling in lateral pharyngeal wall pushing the tonsil medially
- Swelling in the neck anterior to sternomastoid
- Trismus

75. Which of the following causes swelling in the posterior pharyngeal wall to one side of the mid-line?

a. Acute retropharyngeal abscess
b. Chronic retropharyngeal abscess
c. Parapharyngeal abscess
d. Ludwig's angina

76. Acute retropharyngeal abscess affect mainly:

a. Elderly patients
b. Adult males
c. Adult females

**Acute retropharyngeal abscess occurs in children and it causes swelling to one side of midline of posterior pharyngeal wall*
**Chronic retropharyngeal abscess occurs in adults due to TB. It causes swelling in the midline of posterior pharyngeal wall and destruction of vertebrae (Pott's disease of spine)*

d. Adolscents
e. Infants and young children

77. Acute retropharyngeal abscess presents by the following except:
a. Fever, malaise, anorexia
b. Dysphagia and odynophagia
c. A swelling in the posterior pharyngeal wall
d. Trismus

78. Regarding Ludwig's angina, all the following are true except:
a. It is due to dental infection
b. It may cause airway obstruction
c. It is a submandibular space infection
d. It may cause torticollis

> *A patient with dental problem, developed submandibular swelling, dysphagia, and fever ± airway obstruction = Ludwig's angina*

79. Acute tonsillitis may cause all of the following except:
a. Acute retropharyngeal abscess.
b. Chronic retropharyngeal abscess.
c. Para Pharyngeal abscess.
d. Quinsy.

80. Chronic retropharyngeal abscess is treated by:
a. External drainage posterior to sternomastoid.
b. External drainage anterior to sternomastoid.
c. Internal drainage via longitudinal incision.
d. None of the above.

81. Acute retropharyngeal abscess is treated by:
a. External drainage posterior to sternomastoid.
b. External drainage anterior to sternomastoid.
c. Internal drainage via longitudinal incision.
d. None of the above.

82. Chronic retropharyngeal abscess is caused by:
a. TB of bodies of the cervical vertebrae.
b. Suppuration of the retropharyngeal gland.
c. Diphtheria bacilli.
d. Fusiform bacilli.

83. Acute retropharyngeal abscess is caused by:
a. TB of bodies of the cervical vertebrae.
b. Suppuration of the retropharyngeal gland.
c. Diphtheria bacilli.
d. Fusiform bacilli.

84. Ludwig's angina is:
a. Cellulitis of the pyriform fossa.
b. Cellulitis in the parapharyngeal space.
c. Cellulitis in the retropharyngeal space.
d. Cellulitis of the floor of the mouth.

85. The most dangerous complication of ludwig`s angina is:
a. Airway obstruction.
b. Extension of infection to the tongue.
c. Bleeding.
d. Loss of teeth.

86. The most common site of quinsy is:
a. Superior to tonsil.
b. Medial to tonsil.
c. Posterior to tonsil.
d. Inferior to the tonsil.

87. Acute retropharyngeal abscess is characterized by all of the following except:
a. Occur most commonly in infants.
b. Involves the retropharyngeal space.
c. Usually occurs with TB of the cervical vertebra.
d. Is seen in lateral X-ray of neck.

88. Vincent angina is characterized by:
a. Very sever systemic symptoms & mild local symptoms.
b. Very sever local symptoms & mild systemic symptoms.
c. Very sever local & systemic symptoms.
d. Very mild local & systemic symptoms.

89. The following are signs of pus collection in quinsy:
a. Pain become throbbing.
b. Fever may become hectic.
c. Softening & fluctuation can be detected.
d. Pain increase in intensity.

90. Feeble very rapid pulse is known to occur in:
a. Tonsillar diphtheria.
b. Quinsy.
c. Acute tonsillitis.
d. Chronic tonsillitis.

91. The anemia in Plummer Vinson syndrome is:
a. Microcytic hypochromic.
b. Macrocytic.
c. Hemolytic.
d. Aplastic.

92. All of the following cause a grey-white membrane on the tonsils, except?
a. Infectious mononucleosis
b. Ludwig's angina
c. Streptococcal tonsillitis
d. Diphtheria

93. Which of the following statements best represents Ludwig's angina?

a. A type of coronary artery spasm
b. An infection of the cellular tissues around submandibular salivary gland
c. Oesophageal spasm
d. Retropharyngeal infection

94. All the following diseases may cause generalized lymphadenopathy except:
a. Infectious mononucleosis
b. Vincent's angina
c. Leukaemia
d. Acquired immunodeficiency syndrome (AIDS)

95. Not in Plummer-Vinson syndrome:
a. Microcytic hypochromic anemia
b. Dyspepsia
c. Hepatomegaly
d. Glossitis

96. A 6 year old boy is complaining of fever, dysphagia and sore throat. The condition was repeated 7 times in the last year. Examination showed bilateral congested tonsils with yellowish spots. What is your diagnosis:
a. Acute tonsillitis
b. Acute tonsillitis on top of chronic tonsillitis
c. Acute tonsillitis on top of Leukaemia
d. Acute tonsillitis on top of agranulocytosis

97. A 5 year old boy presented with diminution of hearing, his mother gave history of recurrent bilateral earache, mouth breathing and snoring. What is your diagnosis:
a. Acute tonsillitis causing secretory otitis media
b. Adenoid causing secretory otitis media
c. Adenoid causing chronic suppurative otitis media
d. Adenoid causing Adhesive otitis media

98. A 20 year old male gives history of fever and difficulty of swallowing of 4 days duration. The condition progressed to throbbing pain in the left side of the neck with severe dysphagia and dribbling of saliva. He also complains of left neck swelling and left sided earache. What is your diagnosis:
a. Quinsy
b. Acute retropharyngeal abscess
c. Ludwig's angina
d. Chronic retropharyngeal abscess

99. A 40 year old man presented with fever, severe dysphagia, and painful swelling in the submandibular region. On oral examination their was sublingual swelling with edema of the mucosa of the floor of the mouth and severe dental infection, the submandibular swelling was tender and fluctuant. What is your diagnosis:
a. Quinsy
b. Parapharyngeal abscess
c. Acute retropharyngeal abscess
d. Ludwig's angina

100. A 10 year old patient presented with fever (39), dysphagia, sore throat and abdominal pain of one week duration. Examination showed pharyngitis with enlarged lymph nodes all over the body. CBC showed lymphocytosis with predominant monocytes. What is your diagnosis:

a. Diphtheria
b. Vincent's angina
c. Infectious mononucleosis
d. Lymphoma

Tumours, symptomatology, and operations of the pharynx

101. A 14 year-old male presented with unilateral nasal obstruction and epistaxis, most probably he has:

a. Antrochoanal polyp
b. Inverted papilloma
c. Angiofibroma
d. Nasopharyngeal carcinoma

102. Angiofibroma usually affects:

a. Infants
b. Teen ager males
c. Adolescent females
d. Elderly males

> *Angiofibroma is a highly vascular nasopharyngeal tumour, affects males only, usually young (teen-agers). Its commonest presentation is epistaxis. Angiography is the most diagnostic investigation. Treated by surgical excision after embolization (removal can be done endoscopically)*

103. Angiofibroma is characterized by the following except one:

a. Massive epistaxis
b. Possible secretory otitis media
c. More common in males than females
d. Preoperative embolization is recommended before excision

104. The most important diagnostic investigation in angiofibroma is:

a. Computerized tomography
b. Magnetic resonance imaging
c. Angiography
d. Biopsy by nasal endoscopy

> *A young male with unilateral nasal obstruction and epistaxis = Angiofibroma*

105. The best treatment for angiofibroma is:

a. Radiotherapy
b. Hormonal treatment
c. Chemotherapy
d. Surgical excision with preoperative embolization

106. The possible cause of death in case of nasopharyngeal angiofibroma is:

a. Recurrent infection.
b. Sever epistaxis.
c. Upper respiratory tract obstruction.
d. Dysphagia.

107. Nasopharyngeal angiofibroma spread to the surrounding tissue because it is:

a. Malignant.
b. Non capsulated.
c. Pre-malignant.
d. Highly vascular.

108. The cause of bleeding in cases of juvenile nasopharyngeal angiofibroma is:

a. Soft friable tissue.
b. Non muscle coated vasculatures.
c. Non capsulated.
d. Malignancy.

109. Juvenile nasopharyngeal angiofibroma usually cause:

a. Conductive deafness.
b. Sensory neural deafness.
c. Mixed deafness.
d. No ear affection.

110. Biopsy is highly needed for diagnosis of the following lesion:

a. Angiofibroma
b. Antrochoanal polyp
c. Allergic fungal polyps
d. Inverted papilloma

111. In nasopharyngeal carcinoma, all the following nerves may be paralyzed except:

a. Facial nerve
b. Glossopharyngeal nerve
c. Vagus nerve
d. Abducent nerve

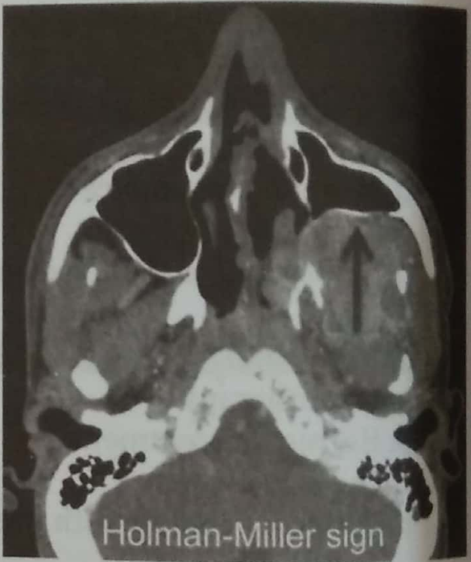
> *An old male with unilateral secretory otitis media is suspicious for nasopharyngeal carcinoma*

112. The treatment of choice of nasopharyngeal carcinoma is:

a. Surgery
b. Chemotherapy
c. Cryosurgery
d. Radiotherapy

113. Frog face deformity can be seen in:

a. Nasopharyngeal carcinoma
b. Angiofibroma
c. Adenoid
d. Cavernous sinus thrombosis



Holman-Miller sign

114. Holman-miller sign which is bowing of the posterior wall of maxillary sinus on radiography is seen in:

a. Nasopharyngeal carcinoma
b. Nasopharyngeal angiofibroma
c. Antrochoanal polyp
d. Inverted papilloma

115. Nasopharyngeal carcinoma may be presented with the following except:

a. Neck swelling
b. Unilateral conductive deafness
c. Horner's syndrome
d. Facial paralysis

116. Angiofibroma is:

a. A benign tumor
b. A locally malignant highly vascular tumor
c. A malignant highly vascular tumor
d. A malignant invasive tumor of young boys

117. Nasopharyngeal carcinoma cause Horner's syndrome as a result of infiltration of:

a. 3rd cranial nerve.
b. 5th cranial nerve.
c. 7th cranial nerve.
d. Cervical sympathetic chain.

118. Unilateral secretory otitis media in old male is highly suspicious for:
a. Angiofibroma
b. Nasopharyngeal carcinoma
c. Maxillary carcinoma
d. Middle ear carcinoma

Unilateral secretory otitis media is a common presentation in nasopharyngeal carcinoma due to ET obstruction. However, neck swelling caused lymphatic metastasis is the commonest presentation

119. Trotter's triad of nasopharyngeal carcinoma includes the following except:
a. Unilateral facial pain
b. Unilateral facial paralysis
c. Unilateral conductive hearing loss
d. Unilateral palatal immobility

120. Regarding angiofibrma, the following statement is not true:
a. It arises from the sphenopalatine foramen.
b. Its vasucular spaces are deficient in muscle coat
c. It is predisposed by heavy smoking
d. Preoperative embolization is a helpful to decrease intra-operative bleeding

121. An old male with dysphagia to solids and progressive loss of weight, he may have:
a. Cancer larynx
b. Cancer nasopharynx
c. Cancer hypopharynx
d. Achalasia of the cardia

122. The highest incidence of lymphatic spread is present in the following tumour:
a. Nasopharyngeal carcinoma
b. Oropharyngeal carcinoma
c. Hypopharyngeal carcinoma
d. Laryngeal carcinoma

123. A 75 year old man with conductive hearing loss, tinnitus, dull reflex on tympanic membrane, B type of curve on tympanometry, posterior triangle nodes palpable. What is the diagnosis?
a. Nasopharyngeal Cancer
b. Middle ear malignancy
c. Post-cricoid carcinoma
d. Cancer pyriform fossa

124. Occult primary tumour may be present in the following sites except:
a. Base of the tongue
b. Nasopharynx
c. Tip of the tongue
d. Pyriform fossa
e. Ventricle of the larynx

125. Referred otalgia from the pyriform fossa is through:

a. Glossopharyngeal nerve
b. Vagus nerve
c. Hypoglossal nerve
d. Facial nerve

An old male with dysphagia (more to solids) and progressive loss of weight = Carcinoma of hypopharynx N.B. To be differentiated from cancer oesophagus

126. Absent laryngeal click may suspect:

a. Supraglottic cancer
b. Pyriform fossa cancer
c. Subglottic cancer
d. Postcricoid cancer

Pharyngeal pouch is a herniated pharyngeal mucosa through Killian's dehiscence between oblique thyropharyngeus and transverse cricopharyngeus. Due to spasm of cricopharyngeus (UES)

127. An old male with dysphagia, regurgitation and left cystic neck swelling, he may have:

a. Achalasia of the cardia
b. Hypopharyngeal carcinoma
c. Laryngocele
d. Pharyngeal pouch

128. Pharyngeal pouch passes through a defect between:

a. Superior constrictor and skull base
b. Superior constrictor and middle constrictor
c. Middle constrictor and inferior constrictor
d. Thyropharyngeus and cricopharyngeus of inferior constrictor

129. In nasopharyngeal carcinoma, the most common presentation is with?

a. Nasal stuffiness
b. Epistaxis
c. Hoarseness of voice
d. Cervical lymphadenopathy

130. Carcinoma of pyriform fossa usually presents with?

a. Cough
b. Hoarseness
c. Lump in the neck
d. Dysphagia

131. Pharyngeal pouch occurs mostly in:

a. Old males.
b. Old females.
c. Infants.
d. Adult males.

132. Trotter's syndrome occurs in:

a. Nasopharyngeal carcinoma.
b. Oropharyngeal carcinoma.
c. Hypopharyngeal carcinoma.
d. Postcricoid carcinoma.

133. 6th nerve paralysis occurs in the following cases except:

a. Nasopharyngeal carcinoma.

b. Cavernous sinus thrombosis.
c. Postcricoid carcinoma.
d. Petrositis.

134. The commonest cause of Obstructive sleep apnea in children is:
a. Adenotonsillar hypertrophy
b. Bilateral nasal polyps
c. Obesity
d. Macroglossia

135. The commonest cause of Obstructive sleep apnea in adults is:
a. Adenotonsillar enlargement
b. Obesity with redundant soft palate
c. Deviated septum
d. Micrognathia

136. The following characterize sleep apnea except:
a. Daytime sleepiness
b. Can never be of central origin
c. More common in obese patients
d. Hypertrophied tonsils and adenoid may be its cause in children.

137. Polysomnography is the best investigation in:
a. Sinusitis
b. Sleep apnea
c. Acute rhinitis
d. Allergic rhinitis

138. The commonest cause of foetor oris is:
a. Foreign body in the nose
b. Sinusitis of dental origin
c. Dental caries with bad oral hygiene
d. Atrophic rhinitis

139. Tonsillectomy is more indicated in:
a. Recurrent acute attacks
b. Quinsy
c. Kissing tonsils with obstructive sleep apnea
d. Chronic tonsillitis causing septic focus

Recurrent acute attacks is the commonest indication for tonsillectomy, while hypertrophied tonsils causing obstructive sleep apnea is the only absolute indication

140. Tonsillectomy is absolutely contraindicated in:
a. Acute tonsillitis
b. Quinsy
c. Bleeding tendency
d. Below 5 years of age
e. Hypertension

141. Airway obstruction after tonsillectomy may be due to the following except:
a. Aspiration of blood or vomitus
b. Early extubation resulting in laryngeal spasm

c. Falling the tongue backwards
d. Bilateral recurrent laryngeal nerve injury

142. Indications of tonsillectomy include the following except:
a. Repeated attacks of tonsillitis more than 5 times per year
b. Single attack of acute follicular tonsillitis with very high fever
c. After an attack of quinsy
d. Large tonsils causing sleep apnea

143. Pain in the ear in cases of acute tonsillitis or following tonsellictomy is referred via:
a. 5th nerve.
b. 9th nerve.
c. 10th nerve.
d. 12th nerve.

144. The most serious complication of tonsillectomy is:
a. Airway obstruction
b. Hemorrhage
c. Infection of the wound
d. Incomplete removal

145. Obstructive sleep apnea may cause the following except:
a. Systemic hypertension
b. Pulmonary hypotension
c. Heart failure
d. Sudden death

146. The most commonly used method for tonsillectomy is:
a. Dissection tonsillectomy
b. Laser tonsillectomy
c. Coblation tonsillectomy
d. Guillotine tonsillectomy

In tonsillectomy, primary haemorrhage (Intra-operative) is due to injury or bleeding disorders. Reactionary (within 24 hours) is due to normalization of blood pressure. Secondary (within 10 days) is due to infection

147. Primary haemorrhage of tonsillectomy occurs:
a. Within the first 24 hours following the operation
b. After one week from the operation
c. Within 2 days following the operation
d. During the operation

148. The most important item in treatment of post-tonsillectomy 2ry haemorrhage is:
a. Sedative
b. Antibiotic
c. Ligation
d. Diathermy

All types of post-adenoidectomy bleeding are treated by posterior nasal packing

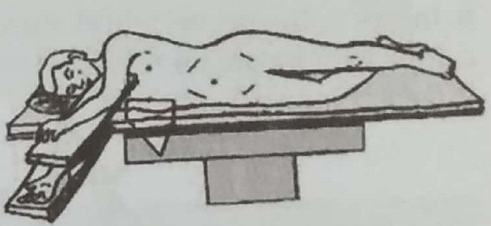
149. Reactionary haemorrhage occurs:
a. During the operation
b. Within the first day after the operation
c. From 2-5 days after the operation
d. From 5-10 days after the operation

150. The cause of secondary haemorrhage after tonsillectomy is:
a. Wound sepsis
b. Unprepared patient
c. Injury of the pharyngeal muscles
d. Rising of blood pressure with slipping of ligature

151. In preparation of a rheumatic patient for tonsillectomy, Aspirin should be discontinued for:
a. 3 days
b. 5 days
c. 7 days
d. 10 days

152. Adenoidectomy is contraindicated in patients with:
a. High arched palate
b. Cleft palate
c. Middle ear effusion
d. Rhinosinusitis

153. The cause of reactionary hemorrhage is:
a. Wound sepsis.
b. Unprepared patient.
c. Injury of the pharyngeal muscle.
d. Rising of blood pressure with slipping ligature.



154. The cause of primary hemorrhage is:
a. Wound sepsis.
b. Unprepared patient.
c. Injury of the pharyngeal muscle.
d. Rising of blood pressure with slipping ligature.

155. The cause of suffocation & laryngeal spasm after tonsillectomy:
a. Backward fall of the tongue.
b. Inhalation of vomitus or blood clots.
c. Extubation spasm.
d. All of the above.

156. The values of post-tonsillectomy position are the following except:
a. To prevent backward falling of tongue.
b. To prevent inhalation of the vomitus or blood.
c. To detect bleeding.
d. To decrease the blood pressure.

157. Contraindication of tonsillectomy includes all of the following except:
a. Hemophilia.
b. Acute attack.
c. One attack of quinsy 2 months ago.
d. Active rheumatic arthritis.

158. A 5 year old patient is scheduled for tonsillectomy. On the day of surgery he had running nose, temperature 37.5Â° C and dry cough. Which of the following should be the most appropriate decision for surgery?

a. Surgery should be cancelled
b. Can proceed for surgery if chest is clear and there is no history of asthma
c. Should get x-ray chest before proceeding for surgery
d. Cancel surgery for 3 week and patient to be on antibiotic

159. A 5 year old child with adenoid and tonsillar hypertrophy causing sleep apnea, the treatment is:

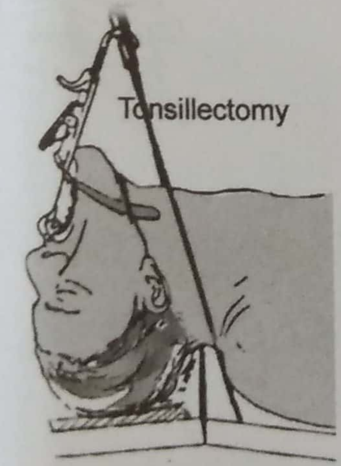
a. Adenotonsillectomy in one sitting started by adenoidectomy
b. Adenotonsillectomy in one sitting started by tonsillectomy
c. Adenoidectomy in one sitting followed by tonsillectomy in another sitting after 3 months
d. tonsillectomy in one sitting followed by adenoidectomy in another sitting after 3 months

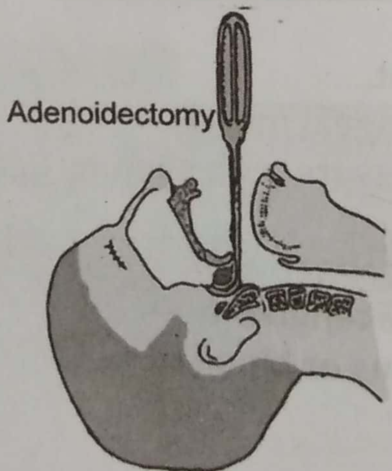
160. During tonsillectomy, the neck should be:

a. Extended
b. Flexed
c. Semiflexed
d. Tilted to one side

161. During adenoidectomy, the neck should be flexed to avoid:

a. Injury of the Eustachian tube
b. Injury of the prevertebral muscles
c. Injury of the palate
d. Dental injury





Esophagus and palate

162. The commonest cause of oesophageal stricture in children is:

a. Congenital
b. Corrosive ingestion
c. Scleroderma
d. Plummer-Vinson syndrome

163. Acute corrosive poisoning is treated by the following except one:

a. Egg white and milk
b. Antibiotics
c. Stomach wash
d. Analgesics
e. Steroids

164. Foreign bodies of the oesophagus in prisoners are mostly:

a. Coins
b. Razors and pins
c. Fish bones
d. Dentures

165. The following are criteria of cardiac achalasia except:

a. Spasm of the lower oesophageal sphincter
b. Dysphagia is more to liquids
c. Dysphagia is intermittent
d. Spasm of cricopharyngeal sphincter
e. Dilatation of the lower oesophageal segment

Spasm of cricopharyngeus (UES) leads to pharyngeal pouch.
Spasm of cardia (LES) leads to achalasia

166. The treatment of globus phayngis is:

a. Cardiomyotomy
b. Endoscopic dilatation
c. Fundoplication
d. Psychological reassurance

Globus hystericus is a sensation of a lump in the midline of the throat which is absent during swallowing of food, it is due to cancer phobia. Treated with psychological reassurance

167. Gasrto-esophageal reflux (GERD) may cause the following except:

a. Chocking
b. Coughing
c. Hoarseness
d. Loss of weight

168. Advices given to a patient with GERD include the following except:

a. Avoid eating immediately before the bedtime
b. Lowering the head of bed
c. Avoid smoking and alcohol
d. Avoid stress

169. Esophagoscopy is indicated in the following except:

a. A child who is just ingested a corrosive material
b. A child who is just swallowed a coin
c. A child with oesophageal stricture

d. A child with chronic dysphagia of unknown cause

170. In achalasia of the cardia, dysphagia is:

a. More to fluids than solids
b. More to solids than fluids
c. Equal to both solids and fluids
d. Associated with loss of weight

An old male with dysphagia and progressive loss of weight = Cancer oesophagus or hypopharynx

171. Dysphagia may be caused by the following except one:

a. Foreign body in the oesophagus
b. Achalasia of the cardia
c. Peptic ulcer of the stomach
d. Oesophageal carcinoma
e. Acute follicular tonsillitis

A female patient with dysphagia (more to fluids) and regurgitation with no loss of weight = Achalasia

172. X-ray barium swallow showing tea-pot appearance is a finding in:

a. Plummer Vinson syndrome.
b. Cardiac achalasia.
c. Pharyngeal pouch.
d. Cancer oesophagus.

173. X-ray barium swallow showing rat-tail appearance is a finding in:

a. Corrosive oesophagitis.
b. Cardiac achalasia.
c. Pharyngeal pouch.
d. Cancer oesophagus.

174. X-ray barium swallow showing parrot-peak appearance is a finding in:

a. Plummer Vinson syndrome.
b. Cardiac achalasia.
c. Pharyngeal pouch.
d. Cancer oesophagus.

175. Patreson-Brown-Kelly syndrome is:

a. Compression of the esophagus by abnormal subclavian artery or double aorta.
b. Herniation of the pharyngeal mucosa via kllian dehiscence.
c. Chronic superficial oesophagitis with web formation.
d. Failure of relaxation of cardic sphincter.

176. Achalasia of the cardia is:

a. Fibrosis of the upper oesophageal sphincter
b. A neuromuscular disorder of the lower oesophageal sphincter
c. A herniation of the oesophagus through the diaphragm
d. A herniation of pharyngeal mucosa through Killian's dehiscence

177. The dysphagia in plummer-vinson syndrome is to:

a. Solids then to fluids.
b. Fluids then to solids.
c. Fluid & solids at the same time.
d. Fluids and never progress to solids.

178. The dysphagia in cardiac achalasia is to:

a. Solids then to fluids.
b. Fluids then to solids.
c. Fluid & solids at the same time.
d. Fluids only.

179. Plummer-Vinson syndrome is:

a. Malignant condition.
b. Pre-malignant.
c. Locally malignant.
d. Never turn malignant.

180. Cardiac achalasia is:

a. Compression of the esophagus by abnormal subclavian artery or double aorta.
b. Herniation of the pharyngeal mucosa via kllian dehiscence.
c. Chronic superficial oesophagitis with web formation.
d. Failure of relaxation of cardic sphincter.

181. Plummer-Vinson syndrome predispose to the following except:

a. Postcricoid carcinoma.
b. Cancer larynx.
c. Cancer oesophagus.
d. Cancer hypopharynx.

182. Dysphagia in cancer oesophagus is :

a. Progressive.
b. Regressive.
c. Stationary.
d. Intermittent.

183. Dysphagia in cardiac achalasia is:

a. Progressive.
b. Regressive.
c. Stationary.
d. Intermittent.

184. Dysphagia lusoria is:

a. Compression of the esophagus by abnormal subclavian artery or double aorta.
b. Herniation of the pharyngeal mucosa via kllian dehiscence.
c. Chronic superficial oesophagitis with web formation.
d. Failure of relaxation of cardic sphincter.

185. X-ray w[illegible] barium swallow showing multiple stricture in the esophagus is diagnostic finding in:

a. Chronic corrosive esophagitis.
b. Cardiac achalasia.
c. Plummer Vinson syndrome.
d. Cancer esophagus.

186. Failure of relaxation of crico-pharyngeal sphincter during swallowing leads to:

a. Plummer Vinson syndrome.
b. Cardiac achalasia.
c. Pharyngeal pouch.
d. Cancer esophagus.

187. All are correct about corrosive esophagitis except:
a. Shock may occur due to electrolytes imbalance.
b. Normal feeding is encouraged.
c. Vomiting is not encouraged.
d. Cortisone in the acute stage is contraindicated.

188. Dysphagia may be due to all the following except:
a. Aneurysm of the aorta.
b. Enlarged left atrium.
c. Mediastinal tumor.
d. Enlarged right lobe of liver.

189. Dysphagia may be due to:
a. Aneurysm of the internal carotid artery.
b. Enlarged thyroid.
c. Enlarged malignant gland.
d. All of the above.

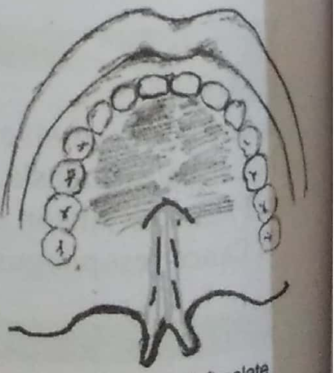
190. The commonest site of swallowed coin is:
a. Pyriform fossa
b. Above the cricopharyngeus
c. Below the cricopharyngeus
d. At the cardia

191. A middle age female patient presented with dysphagia during swallowing of saliva with sensation of suffocation, however no dysphagia during swallowing of food. She may have:
a. Achalasia of the cardia
b. Plummer-Vinson syndrome
c. Globus pharyngis
d. Chronic tonsillitis

192. Cleft palate may cause the following except:
a. Rhinolalia aperta
b. Nasal regurgitating
c. Difficulty suckling
d. Nasal obstruction

A child with nasal regurgitation and diminution of hearing in both ears = Cleft palate with bilateral secretory otitis media

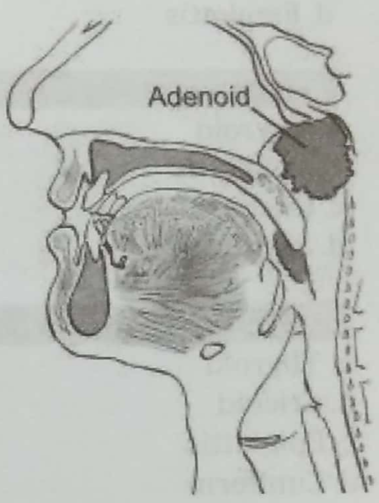
193. Diminution of hearing in children with cleft palate is usually due to:
a. Eustachian tube dysfunction
b. Fixation of stapes
c. Ossicular abnormality
d. Aural atresia


Submucous cleft palate

194. Diagnostic criteria of submucous cleft palate include the following except:
a. Bifid uvula
b. Bluish midline of soft palate
c. Bluish midline of hard palate
d. Notched posterior border of hard palate

195. Cleft palate repair is preferred to be done at the age of:
a. 6 months
b. 10 months
c. 1 year
d. 2 years

196. Adenoidectomy is contraindicated in cleft palate patients due to the fear of:
a. Bleeding
b. Eustachian tube troubles
c. Palatal injury
d. Velopharyngeal dysfunction



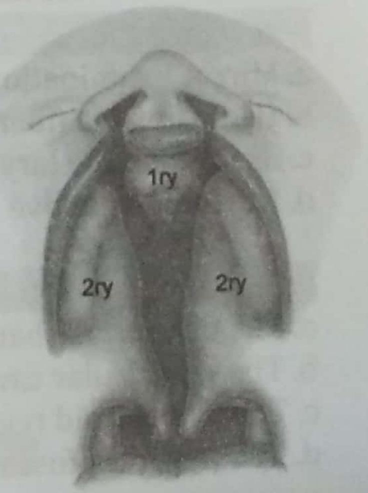
197. Velopharyngeal insufficiency may result from all the following except:
a. Adenoid enlargement
b. Cleft palate
c. Palatal paralysis
d. Palatal fistula

198. All the following palatal muscles are supplied by the vagus nerve except:
a. Tensor palati
b. Levator palati
c. Palatoglossus
d. Palatopharyngeus

199. Unilateral nasal regurgitation of food and fluid is due to:
a. Paralysis of the palate
b. Cleft palate
c. Oro-antral fistula
d. Midline hard palate perforation by syphilis

200. Snoring and sleep apnea caused by redundant soft palate is treated by:
a. Uveopalatopharyngoplasty
b. Sphincter pharyngoplasty
c. Posterior pharyngeal flap
d. Palatal lengthening (push-back)

201. The commonest site for palatal fistula after cleft palate repair is:
a. The hard palate
b. The soft palate
c. The junction between the hard and soft palate
d. The junction between the primary and secondary palate



Anatomy and Physiology of the Larynx

202. The narrowest part in the infantile larynx is:

a. The supraglottic area.
b. The subglottic area.
c. The pyriform fossa.
d. None of the above.

203. The following structure forms complete ring to maintain the upper airway:

a. Thyroid cartilage
b. Cricoid cartilage
c. Tracheal cartilages
d. Epiglottis

204. The following laryngeal cartilage is paired:

a. Thyroid
b. Epiglottis
c. Cricoid
d. Arytenoid

Laryngeal cartilages:
Single: Thyroid (open book)
Cricoid (signet ring)
Epiglottis (leaf like)
Paired: Arytenoids (pyramidal)
Cuniform
Corniculate
The only elastic is the epiglottis

205. The arytenoids articulate with:

a. Thyroid
b. Cricoid
c. Epiglottis
d. Cuniform

206. The mucosa of the vocal folds is:

a. Non-keratinized stratified squamous epithelium
b. Keratinized stratified squamous epithelium
c. Pseudostratified columnar ciliated epithelium
d. Transitional epithelium

207. The most important function of the larynx is:

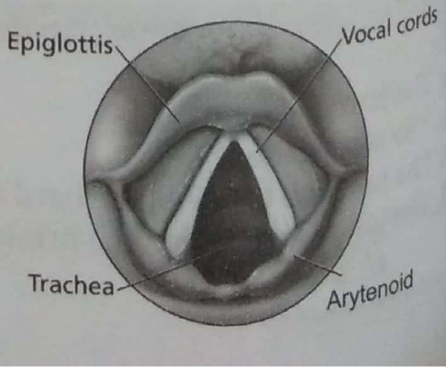
a. Phonation
b. Fixation of chest
c. Protection of lungs
d. Resonance of voice

208. Indirect laryngoscopy means:

a. Mirror examination of the larynx
b. Using flexible fiberoptic endoscope to examine the larynx
c. Examining the larynx by open rigid laryngoscope
d. None of the above

209. Indirect laryngoscopy is difficult to show:

a. The ventricular bands
b. The ventricular cavity
c. The postcricoid region
d. The pyriform fossa



210. All the following cartilages undergo calcification except:
a. Thyroid
b. Cricoid
c. Epiglottis
d. Arytenoid

211. Structures in the larynx responsible for sphincteric function:
a. Vocal cords.
b. Ventricular bands.
c. Aryoepiglottic folds.
d. All of the above.

212. All are elevators of larynx except?
a. Digastric
b. Thyrohyoid
c. Sternohyoid
d. Stylohyoid

213. The crico-thyroid membrane is the external extension of:
a. Quadrangular ligament
b. Conus elasticus
c. Crico-tracheal ligament
d. Thyro-hyoid membrane

214. The laryngeal inlet is bounded by the following except:
a. Epiglottis
b. Ary-epiglottic folds
c. Arytenoids
d. Ventricular folds

215. The ventricle of the larynx is a part of:
a. Supraglottis
b. Glottis
c. Subglottis
d. Paraglottis

216. The epithelium of the subglottic area is:
a. Non-keratinized stratified squamous epithelium
b. Keratinized stratified squamous epithelium
c. Pseudostratified columnar ciliated epithelium
d. Transitional epithelium

217. The vocal folds are attached anteriorly to:
a. Thyroid cartilage
b. Cricoid cartilage
c. Epiglottis
d. Arytenoids

218. The space between the vocal folds and the vestibular folds is called:
a. Paraglottic space

b. Pre-epiglottic space
c. Vestibule
d. Ventricle

219. The epithelium of the laryngeal vestibule is:
a. Non-keratinized stratified squamous epithelium
b. Keratinized stratified squamous epithelium
c. Pseudostratified columnar ciliated epithelium
d. Transitional epithelium

220. There is no lymphatic space in:
a. Supraglottis
b. Glottis
c. Subglottis
d. Paraglottis

221. The vocal folds are usually abducted on:
a. Swallowing
b. Inspiration
c. Phonation
d. Straining to increase intra-abdominal pressure

Congenital, Traumatic, and Inflammatory diseases of Larynx

222. The commonest congenital anomaly of the larynx is:

a. Congenital web
b. Laryngomalacia
c. Subglottic stenosis
d. Subglottic haemangioma

A baby born with inspiratory stridor with normal crying = Laryngomalacia. A baby born with inspiratory stridor with hoarse crying = laryngeal web.

223. All the following are correct about laryngomalacia except:

a. It is due to congenital weak flaccid larynx
b. Child looks healthy
c. It affects the vocal cords
d. Inspiratory stridor may start soon after birth

224. The following disease causes hoarseness and stridor:

a. Congenital web
b. Laryngomalacia
c. Subglottic stenosis
d. Subglottic haemangioma

Congenital web usually involves the glottic area, so it causes hoarseness. And it narrows the airway, so it causes stridor

225. The best way to diagnose laryngomalacia is:

a. Symptoms and signs of the disease only
b. X-ray lateral view on the airway
c. Direct laryngoscopy under general anaesthesia
d. Flexible laryngoscopy

In Laryngomalacia: stridor is inspiratory with no hoarseness. The breathing is improved in prone and worsens on supine position. The condition improved with age

226. A newborn with cyanosis and respiratory difficulty improved by insertion of an oral airway. The most probable diagnosis is:

a. Laryngomalacia.
b. Congenital laryngeal web.
c. Congenital subglottic stenosis.
d. Congenital bilateral choanal atresia.

227. All of the following are true about laryngomalacia except:

a. Stridor is relieved when the child is placed in the prone position
b. Disappeared spontaneously as the child grows
c. Epiglottis appears omega shape
d. Most cases require surgery to relieve their stridor

228. A child developed severe stridor, coughing and chocking during eating is suspicious for:

a. Acute laryngitis
b. Laryngomalacia
c. Foreign body inhalation
d. Acute laryngotracheobronchitis

229. Valvular obstructive emphysema occurs due to:

a. Partial obstruction of the bronchus.
b. Complete obstruction of the bronchus.
c. When the pretrachial fascia is sutured tightly.
d. Injury of the pleura.

230. A child developed severe stridor after common cold is suspicious for:

a. Acute laryngitis
b. Laryngomalacia
c. Foreign body inhalation
d. Laryngeal diphtheria

Acute non-specific laryngitis in children is more dangerous than in adults as it causes stridor (4s)

231. An infant born with stridor and hoarse cry may have one of the following except:

a. Laryngeal web
b. Laryngeal paralysis
c. Congenital laryngeal cyst
d. Laryngomalacia

Sudden attack of coughing, chocking, dyspnea, and cyanosis is suspicious for FB inhalation. Negative chest X-ray is not conclusive and bronchoscopy should be done. The FB usually passes to right bronchus and vegetable is more dangerous.

232. Foreign body is commonly lodged in:

a. Right main bronchus
b. Left main bronchus
c. Both in right and left main bronchi
d. Larynx

233. The commonest cause of stridor in children is:

a. Laryngomalacia
b. Acute laryngitis
c. Acute epiglottitis
d. Acute laryngotracheobronchitis

Inflammatory causes of stridor in children:
- Acute laryngitis (± dry coug)
- Acute epiglottitis (+ dysphagia)
- Acute laryngotracheobronchitis (+ productive cough)
- Diphtheria (+ toxic manifestations)

234. The causative organism in epiglottitis is:

a. Haemolytic streptococci
b. Haemophilus influenza
c. Influenza virus
d. Para-influenza virus

A child developed stridor after an attack of common cold = Acute non-specific laryngitis

235. Leucoplakia of the larynx is characterized by all the following except:

a. Epithelial hyperplasia.
b. Epithelial hyperkeratosis.
c. Acantholysis.
d. Intact basement membrane.

236. Voice abuse may cause the following except:

a. Laryngeal nodules
b. Laryngeal polyp
c. Hypertrophic laryngitis
d. Leukoplakia

237. Laryngoscleroma usually affects:

a. Supraglottis
b. Glottis
c. Subglottis
d. Interarytenoids

Laryngoscleroma = Subglottis secondary to rhinoscleroma
TB laryngitis = Interarytenoids (posterior) secondary to pulmonary TB
Syphilitic laryngitis = Epiglottis (anterior), it is a gumma
Intubation granuloma = Vocal process of arytenoids (posterior)

238. Reinke's oedema is?

a. Pharyngeal oedema

b. Vocal fold oedema
c. Ventricular fold oedema
d. Epiglottic oedema

239. Scleroma is commonly affecting the following sites except:
a. Epiglottis
b. Subglottis
c. Nasopharynx
d. Lacrimal sac

A patient with nasal crustaions and/or nasal masses with stridor = Rhinolaryngoscleroma

240. The commonest presenting features of laryngoscleroma are:
a. Vocal cord paralysis and chocking
b. Stridor and hoarseness
c. Pain and night sweating
d. Metastatic lymph nodes

241. 30 years old female suffring form bilateral nasal obstruction, crusty nasal discharge, and stridor. The most probable cause is:
a. Allergic rhinitis.
b. Vasomotor rhinitis.
c. Rhino laryngo-scleroma.
d. Acute rhinosinusitis.

242. Tuberculosis of the larynx usually affects:
a. Subglottic area
b. Interarytenoid area
c. Free edge of the vocal cord
d. Anterior commisure

Tuberculous lesion is paiful, while syphilitic lesion is painless

243. The following are causes of Pediatric airway obstruction except:
a. Acute epiglottitis
b. Acute laryngotracheobronchitis
c. Recurrent respiratory papillomatosis
d. Singer's nodes

244. All the following are correct about leukoplakia except:
a. It is caused by excessive smoking
b. It never turns malignant
c. It causes gradual hoarseness of voice
d. It is white in colour

245. Perichondritis of the larynx may be caused by the following except:
a. Laryngomalacia
b. Cut throat wound
c. High tracheostomy
d. Cancer larynx
e. Radiotherapy

246. Singer's nodules are:
a. Localized epithelial hyperplasia on the free edge of the vocal cord.

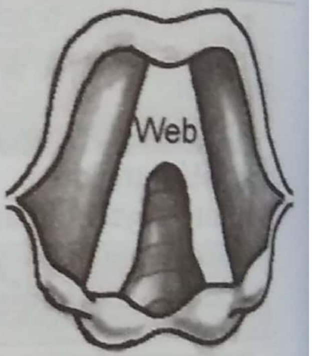
b. Premalignant nodules.
c. Chronic infectious granuloma.
d. Allergic in nature.

247. The site of singer`s nodules is:
a. At the epiglottis.
b. At the junction of the anterior 1/3 with posterior 2/3 of the vocal cords.
c. At the arytenoids.
d. At the inter-arytenoid region.

248. Syphilis of the larynx affects:
a. The posterior part.
b. The middle part.
c. The anterior part.
d. The subglottic part.

249. Laryngeal stenosis may be due to:
a. Scleroma.
b. TB.
c. High tracheostomy.
d. All of the above.

250. Congenital laryngeal web usually affect:
a. Anterior part of glottis
b. Posterior part of glottis
c. Subglottis
d. Supraglottis



251. The first aid measures in neck trauma with difficulty breathing may include one of the following except:
a. Tracheotomy
c. Cricothyroidotomy
c. Nasogastric intubation by Ryle tube
d. Endotracheal intubation

252. Heimlich maneuver is usually used in:
a. Initial stage of foreign body inhalation
b. Latent stage of foreign body inhalation
c. Manifest stage of foreign body inhalation with complete bronchial obstruction
d. Manifest stage of foreign body inhalation with partial bronchial obstruction

253. Which of the following diseases cause dysphagia in addition to stridor in children?:
a. Acute epiglottitis
b. Acute laryngitis
c. Acute laryngotracheobronchitis
d. Laryngomalacia

254. Which of these lesions affect the vocal process of the arytenoids?:
a. Vocal cord polyp
b. Singer's nodes
c. Reinek's edema
d. Intubation granuloma

255. Regarding laryngeal papilloma, all the following are true except:
a. Single type is more common in adults
b. Multiple type is located anywhere in the larynx and even trachea
c. Single type regresses after puberty
d. Multiple type has high recurrence rate and needs repeated excision

256. Adult papilloma of the larynx is:
a. Single and infiltrating the basement membrane
b. Single and precancerous
c. Multiple and large
d. Never turn malignant
e. Arises from any part of the larynx

257. Single laryngeal papilloma is:
a. Locally malignant lesion.
b. Malignant lesion.
c. Precancerous.
d. None of the above.

258. Not a precancerous lesion:
a. Single papilloma of adults
b. Leukoplakia
c. Juvenile multiple papillomatosis
d. Keratinization of the vocal cord

259. Which is not true about laryngeal carcinoma?
a. More common in males.
b. The commonest type is squamous cell carcinoma.
c. Is predisposed by smoking.
d. Is predisposed by laryngeal polyp.

260. Vocal cord fixation in cancer larynx may indicate the following except:
a. Extension to paraglottic space
b. Extension to cricoarytenoid joint
c. Extension to recurrent laryngeal nerve in subglottic carcinoma
d. Extension to superior laryngeal nerve in supraglottic carcinoma

261. Which of the following statements regarding juvenile papillomatosis is not true?
a. Commonly occurs in children
b. Stridor is commonly seen
c. Laser surgery is the treatment of choice
d. Remissions are uncommon

262. The commonest site for cancer larynx is:
a. Supraglottis
b. Glottis
c. Subglottis
d. Paraglottis

The earliest symptom for glottic lesion = hoarseness, for subglottic lesion = stridor, for supraglottic lesion = discomfort sensation in the throat

263. The earliest symptom for glottis carcinoma is:
a. Hoarseness
b. Stridor
c. Chocking
d. Discomfort sensation

264. The following are silent areas in the head and neck except:
a. Nasopharynx
b. Vocal cords
c. Pyriform fossa
d. Base of the tongue

265. Prognosis of glottis carcinoma is the best because:
a. It causes late stridor
b. It causes early hoarseness of voice
c. It does not cause dysphagia
d. It causes early lymphatic metastasis

Glottic carcinoma has the best prognosis as it causes early hoarseness and has no lymphatics. Subglottic carcinoma has the worst prognosis as it invades the cricoid and mediastinal lymph nodes

266. The commonest pathological type of laryngeal carcinoma is:
a. Squamous cell carcinoma
b. Adenocarcinoma
c. Adenoid cystic carcinoma
d. Mucoepidermoid carcinoma

267. The most important investigation in suspicious laryngeal lesions is:
a. CT.
b. MRI.
c. Endoscopy & biopsy.
d. Ultrasonography.

268. In stage III carcinoma of larynx, the recommended treatment is?
a. Only Radiotherapy
b. Only Chemotherapy
c. Surgery + Radiotherapy
d. Surgery + Chemotherapy

269. The following is not a predisposing factor for cancer larynx:
a. Smoking
b. Alcohol
c. Abuse of voice
d. GERD
e. Irradiation

Precancerous lesions for larynx:
Single papilloma
Leukoplakia
Keratization of VC

270. An old male who is chronic heavy smoker presented with hoarseness of voice with no response to voice rest and medical treatment for 3 weeks, he may have:

a. Singer's nodes
b. Reinek's oedema
c. Cancer larynx
d. Laryngeal polyp

Old male who is chronic heavy smoker with hoarseness of voice for more than two weeks = Cancer larynx

271. Chance of lymphatic metastasis is highest in carcinoma of:

a. Supragottis
b. Glottis
c. Subglottis
d. Anterior commissure

Supraglottis is a silent area (rich in lymphatics), even it may cause bilateral or contralateral lymphatic spread

272. The best treatment for T1 glottic carcinoma is:

a. Surgery
b. Radiotherapy
c. Chemotherapy
d. Combined surgery and radiotherapy

The voice in supraglottic carcinoma is hot potato

273. Cancer larynx causes referred otalgia through:

a. Glossopharyngeal nerve
b. Vagus nerve
c. Accessory nerve
d. Hypoglossal nerve

The larynx and hypopharynx causes referred otalgia through Arnold's branch of Vagus, while oropharynx causes referred otalgia through Jackbson's branch of Glossopharyngeal nerve

274. Voice rehabilitation after total laryngectomy is done by:

a. Oesophageal speech
b. Electronic larynx
c. Creation of tracheo-oesophageal fistula and insertion of speaking valve.
d. All the above

275. A case of cancer larynx with involvement of anterior commissure and right vocal cord, developed perichondritis of thyroid cartilage. Which of the following statements is true for the management of this case?

a. He should be given radical radiotherapy as this can cure early tumors
b. He should be treated with combination of chemotherapy & radiotherapy
c. He should first receive radiotherapy and if residual tumor is present, he should undergo laryngectomy
d. He should first undergo laryngectomy and then post-operative radiotherapy

276. All the following may cause bilateral recurrent laryngeal nerve paralysis except:

a. Thyroid operation
b. Post-cricoid carcinoma
c. Supraglottic carcinoma
d. Cancer thyroid

277. The commonest cause of bilateral vocal cord paralysis is:

a. Thyroidectomy
b. Cancer thyroid
c. Cancer oesophagus

After thyroidectomy:
- Hoarseness = Unilateral recurrent laryngeal nerve injury
- Stridor = Bilateral recurrent laryngeal nerve injury

d. Post-cricoid carcinoma

278. The commonest cause of unilateral vocal cord paralysis is:

a. Thyroidectomy
b. Bronchogenic carcinoma
c. Nasopharyngeal carcinoma
d. Idiopathic

Midline lesion may cause bilateral VC paralysis as Thyroid, Oesophageal, Post-cricoid cancers.

279. A localized nodule of squamous cell carcinoma in the vocal cord is best treated by?

a. Cryosurgery
b. Surgical excision
c. Radiotherapy
d. Chemotherapy

280. The left recurrent laryngeal nerve swing in the chest around:

a. Aortic arch.
b. Left subclavian.
c. Left ventricle.
d. Thoracic duct.

281. Superior laryngeal nerve:

a. Is the sensory supply to the mucosa above the vocal cord by its internal branch
b. Is the only motor supply to the crico-thyroid muscle by its external branch
c. Is responsible for cough reflex through its internal branch
d. All the above

282. The most important investigation in cases with left vocal cord paralysis is:

a. Thyroid scan
b. Barium swallow
c. CT larynx
d. CT from the skull base to the chest

Left VC paralysis may suspect bronchogenic carcinoma, however cancer nasopharynx, thyroid, or hypopharynx may be a cause

283. The main symptom in unilateral vocal cord paralysis is:

a. Stridor
b. Hoarseness
c. Chocking
d. Coughing

The main symptom in:
- *Bilateral abductor VC paralysis = Stridor*
- *Bilateral adductor VC paralysis = Chocking ± Aphonia*
- *Unilateral VC paralysis = Hoarseness*

284. All muscles of the larynx are supplied by the recurrent laryngeal nerve except:

a. Thyro-arytenoid
b. Crico-thyroid
c. Lateral crico-arytenoid
d. Posterior crico-arytenoid

Crico-thyroid muscle is:
- *The only muscle supplied by superior laryngeal nerve*
- *The only intrinsic muscle present outside the larynx*
- *The main tensor of the vocal cords*

285. The following laryngeal muscles are adductors except:

a. Thyro-arytenoid
b. Lateral crico-arytenoid
c. Posterior crico-arytenoid
d. Transverse arytenoids

Posterior crico-arytenoid is the only abductor muscle of the larynx

286. A 10 year old boy developed hoarseness of voice. On examination, his right vocal cord was paralyzed. The treatment of choice for paralyzed vocal cord will be?

a. Gel foam injection of right vocal cord
b. Fat injection of right vocal cord
c. Thyroplasty
d. Wait for spontaneous recovery

287. A laryngocoele arises from the?

a. True vocal cord
b. Subglottis
c. Saccule of the ventricle
d. Anterior commisure

288. Which of the following statements is not true for contact ulcer?

a. The commonest site is the junction of anterior 1/3rd and middle 1/3rd of vocal cord and gastrooesophageal reflux is the causative factor
b. Can be caused by intubation injury
c. The vocal process is the site and is caused / aggravated by acid reflux
d. Can be caused by adductor dysphonia

289. A patient admitted comatose in the ICU for 3 weeks. After discharge, he felt persistent difficulty in breathing. This patient may have:

a. Vocal cord paralysis
b. Subglottic stenosis
c. Chronic hypertrophic laryngitis
d. Laryngeal nodules

290. The following lesion causes stridor before hoarseness:

a. Laryngoscleroma
b. Laryngeal polyp
c. Supraglottic mass
d. Singer's nodes

> *Artificial ventilation in ICU needs endotracheal intubation. In prolonged cases the cuff of the tube may lead to subglottic fibrosis and stenosis.So in prolonged cases, tracheostomy is advised after the 10th day*

291. The following diseases cause hoarseness without stridor except:

a. Laryngeal nodules
b. Laryngeal polyp
c. Rienke's oedema
d. Glottic web

292. In complete bilateral palsy of recurrent laryngeal nerves, there is?

a. Complete loss of speech with stridor and dyspnoea
b. Complete loss of speech but no difficulty in breathing
c. Preservation of speech with severe stridor and dyspnoea
d. Preservation of speech and no difficulty in breathing

293. Laryngocele arises as a herniation of laryngeal mucosa through the following membrane?

a. Thyrohyoid
b. Cricothyroid
c. Crico-tracheal

d. Cricosternal

294. The following diseases cause stridor without hoarseness except:

a. Bilateral vocal cord parálysis
b. Laryngomalacia
c. Subglottic carcinoma
d. Internal laryngocele

Internal laryngocele causes bulge inside the larynx by pushing through the lateral laryngeal wall and ary-epiglottic fold causing hoarseness and stridor

295. All the following statements about laryngocele are true except:

a. It arises from saccule of the ventricle
b. External type herniates through the thyro-hyoid membrane
c. Internal type herniates through crico-thyroid membrane
d. It causes swelling that increase with Valsalva maneuver

296. Stridor is:

a. Difficulty breathing
b. Noisy breathing
c. Difficulty noisy breathing
d. Change of voice

- All subglottic lesions cause stridor
- All glottic lesions cause hoarseness with/without stridor
- All chronic non-specific inflammations cause Hoarseness only
i.e. Lesions affect the airway will cause stridor and lesions affect vocal cords will cause hoarseness

297. Indications for tracheostomy include all the following except:

a. Bilateral vocal cord paralysis
b. Bronchogenic carcinoma
c. Impacted foreign body in the larynx
d. Prolonged coma

298. Laryngostomy is:

a. Opening through thyro-hyoid membrane
b. Opening through crico-thyroid membrane
c. Opening through membrane between the tracheal rings
d. Splitting the thyroid cartilage in the midline

299. High tracheostomy is bad because:

a. It may cause injury of subclavian artery
b. It may cause injury of the thyroid cartilage
c. It may cause injury of the cricoid cartilage
d. It may cause injury of the thyroid gland

300. Surgical emphysema after tracheostomy is treated by:

a. Taking more stitches of the wound
b. Cold compresses over the wound
c. Removal of some stitches to widen the wound
d. Antihistaminic drugs

301. Respiratory dead space in adults is:

a. 50 ml
b. 100 ml
c. 150 ml
d. 250 ml

302. During tracheostomy, apnea developing after incision of the trachea is due to:
a. Sudden CO_2 wash
b. Reflex vagal stimulation
c. Sudden release of pressure in the trachea
d. Subglottic oedema

303. Low tracheostomy is indicated in the following lesions except:
a. Laryngoscleroma
b. Subglottic carcinoma
c. Juvenile multiple papillomatosis
d. Bilateral abductor vocal cord paralysis after thyroidectomy

304. Pneumothorax during tracheostomy:
a. Is due to injury of the apex of the pleura
b. It is more common in low tracheostomy
c. Is treated by underwater seal
d. All the above

305. The commonest cause of breathing difficulty after tracheostomy is:
a. Pneumonia.
b. Obstruction of the tube by secretion.
c. Surgical emphysema.
d. Pneumothorax.

306. The following conditions cause stridor except:
a. Acute epiglottitis.
b. Bilateral abductor paralysis.
c. Bilateral adductor paralysis.
d. Laryngoscleroma.

307. Cyclic asphyxia is a manifestation of:
a. Congenital bilateral choanal atresia.
b. Laryngeal web.
c. Acute laryngitis.
d. Laryngomalacia.

308. Most likely diagnosis in an afebrile child with sudden onset, breathlessness is?
a. Epiglottiitis
b. Pneumonia
c. Foreign body aspiration
d. Asthma

309. The fol[illegible]ing drug is contraindicated after tracheostomy:
a. Expectorants.
b. Analgesics.
c. Opiates.
d. Bronchodilators.

310. The best position after trachestomy:
a. Supine.

b. Semi-sitting.
c. Standing.
d. On one side.

311. Dyspnea, crepitation and expectoration of large amount of frothy stained sputum after trachestomy is suspected of:

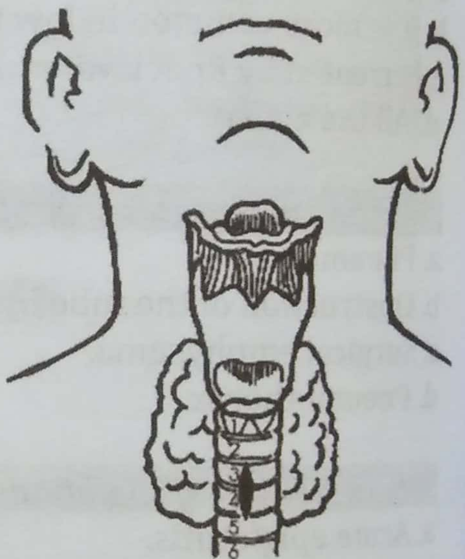
a. Pneumothorax.
b. Acute pulmonary edema.
c. Mediastinal emphysema.
d. None of them.

312. A tracheostomised patient, with portex tracheostomy tube, in the ward, developed sudden complete blockage of the tube. Which of the following is best next step in the management?

a. Immediate removal of the tracheostomy tube
b. Suction of tube with sodium bicarbonate
c. Suction of tube with saline
d. Jet ventilation

313. In emergency tracheostomy, the following structures are damaged except?

a. Isthmus of the thyroid
b. Inferior thyroid vein
c. Inferior thyroid artery
d. Thyroidea ima



Laser, Phoniatrics, and Neck swellings

314. The commonest type of Laser used in microlaryngosurgery is:

a. CO_2 Laser
b. YAG Laser
c. Argon Laser
d. KTP Laser

315. Laser can be used in the treatment of the following lesions except:

a. Large uvula and soft palate
b. Unilateral vocal cord paralysis
c. Laryngoscleroma
d. Juvenile multiple papillamatosis

Laser is used in bilateral VC paralysis to open the airway (arytenoidectomy ± posterior crdectomy)

316. A fire breaks out during laser vocal cord surgery. Which of the following measures should not be done?

a. Pouring sterile water
b. 100% oxygen after discontinuing anaesthetic gases
c. Treatment with steroid and antibiotics
d. Removal of burning endotracheal tube

317. Arytenoidectomy ± posterior cordectomy can be used for treatment of:

a. Unilateral vocal cord paralysis
b. Bilateral adductor vocal cord paralysis
c. Bilateral abductor vocal cord paralysis
d. Intubation granuloma

318. Rhinolalia clausa (Hyponasality) is caused by the following except:

a. Adenoid
b. Bilateral nasal polyps
c. Angiofibroma
d. Paralysis of the palate

- *Rhinolalia clausa is caused by bilateral nasal obstruction*
- *Rhinolalia aperta is caused by defect in the palate*
- *Hot potato voice is caused by lesions above VC level*
- *Hoarseness is caused by lesions in the vocal cords (VC)*

319. Rhinolalia aperta (hypernasality) is caused by the following except:

a. Cleft palate
b. Rhinoscleroma
c. Palatal paralysis
d. Fistula of the palate

320. Hot potato voice is caused by the following except:

a. Supraglottic carcinoma
b. Epiglottitis
c. Glottic carcinoma
d. Tonsillar hypertrophy

321. Staccato speech is usually due to:

a. Pyramidal lesion in the motor system
b. Extra-pyramidal lesion
c. Cerebellar lesion
d. Peripheral lesions in the nerve supply to the muscles of articulation

Pyramidal lesion leads to slurred speech
Extra-pyramidal lesion leads to monotonous speech
Cerebellar lesion leads to staccato speech

322. Lateral neck swellings include all the following except:
a. Branchial cyst
b. A metastasis from carcinoma of the nasopharynx
c. Thyroglossal cyst
d. External laryngocele

323. The commonest midline neck swelling is:
a. Dermoid cyst
b. Thyroglossal cyst
c. Thyroid isthmus nodule
d. Pre-laryngeal lymph node enlargement

> *- The commonest midline neck swelling is thyroglossal cyst*
> *- The commonest lateral neck swelling is lymph node enlargement followed by thyroid swelling*

324. All the following statements about thyroglossal cyst are true except:
a. It moves up and down with deglutition
b. It moves up and down with the protrusion of the tongue
c. It can be presented congenitally with fistula
d. It is removed by Sistrunk's operation

325. All the following structures should be removed in Sistrunk's operation except:
a. The cyst
b. The thyroglossal tract
c. The middle part of thyroid cartilage
d. Core from tongue base

> *A child with midline neck swelling that moves with swallowing and with protrusion of tongue = Thyroglossal cyst*

326. Malignancy is suspected in enlarged lymph node, if it has the following characters except:
a. Hard
b. Painful
c. Progressive
d. Fixed

> *- Malignant lymph node is usually painless, not tender, and hard.*
> *- Inflammatory lymph node is usually painful, tender, and firm*

327. Which of the following procedure is done under general anesthesia?:
a. Flexible laryngoscopy
b. Stroposcopy
c. Nasopharyngoscopy
d. Direct laryngoscopy

328. Thyrotoxicosis is characterized by the following except:
a. Exophthalmus
b. Weight gain
c. Increase in appetite
d. Tachycardia

> *Goiter is a swelling in the lower part of the front of the neck that moves with deglutition and does not move with protrusion of the tongue*

329. Retrosternal goiter is characterized by the following except:
a. It causes dyspnea and dysphagia
b. It causes congested veins on the sternum
c. Percussion on the sternum shows hyper-resonance
d. Its lower border is not seen on swallowing

330. Simple nodular goiter is characterized by the following except:
a. The patient is euthyroid

b. The nodules are painless and not tender
c. It is more common in males than females
d. it may turn toxic.

331. The following are midline swelling except:
a. Thyroglossal duct cyst.
b. Thyroid isthmus nodule.
c. Dermoid cyst.
d. Pharyngeal pouch.

332. The following are lateral swelling in neck except:
a. Branchial cleft cyst.
b. Carotid body tumor.
c. Lymph gland enlargement.
d. Thyroglossal duct cyst.

333. This type of thyroid tumour may be familial:
a. Papillary
b. Follicular
c. Medullary
d. Anaplastic

Medullary carcinoma may be familial, it secretes calcitonin.
Papillary carcinoma = early lymphatic spread
Follicular carcinoma = early blood spread
Anaplastic carcinoma = early local spread

334. Branchial cyst is characterized by the following except:
a. It is caused by a defect in the development of the 2nd branchial arch
b. It is situated along the anterior border of the lower third of sternomastoid
c. It can be presented congenitally with fistula
d. Incomplete removal leads to branchial fistula

- Branchial cyst is situated along the upper third of sternomastoid (and acquired fistula)
- Congenital branchial fistula is situated along the lower third of sternomastoid

335. Cystic hygroma is:
a. A type of lymphangioma
b. A type of haemangioma
c. A type of lymphoma
d. A type of rhabdomyosacoma with cystic degeneration

336. This type of thyroid tumour may be multicentric:
a. Papillary
b. Follicular
c. Medullary
d. Anaplastic

337. The commonest benign tumour of the parotid gland is:
a. Pleomorphic adenoma
b. Warthin's tumour
c. Haemangioma
d. Lymphangioma

The commonest benign salivary tumour is pleomorphic adenoma, and the commonest malignant is adenoid cystic carcinoma (has peri-neural spread), but in children is mucoepidermoid carcinoma

338. The commonest swelling of the parotid in children is:
a. Mumps
b. Pleomorphic adenoma
c. Haemangioma

d. Lymphangioma

339. Which of the following nerves may be injured during submandibular sialadenectomy?

a. Mandibular branch of facial nerve
b. Lingual nerve
c. Hypoglossal nerve
d. All the above
e. None of the above

During parotid surgery, the facial nerve is liable for injury

340. This type of thyroid tumour may secrete calcitonin:

a. Papillary
b. Follicular
c. Medullary
d. Anaplastic

341. The following are submental swelling except:

a. Submental LN.
b. Plunging ranula.
c. Suprahyoid thyroglossal cyst.
d. Cystic hygroma.

The commonest cause of bilateral parotid swelling is parotitis in mumps

342. Salivary calculi are more common in:

a. Parotid gland
b. Submandibular gland
c. Sublingual gland
d. Minor salivary glands

343. Malignant parotid tumor which spread along the nerve sheath:

a. Adenocarcinoma
b. Squamous cell carcinoma
c. Adenoid cystic carcinoma
d. Mucoepidermoid carcinoma

344. A 3 year old child with cystic swelling along the anterior border of the upper one third of left sternomastoid muscle, it was not painful and not tender. He may have:

a. Thyroglossal cyst
b. Branchial cyst
c. Dermoid cyst
d. Pharyngeal pouch

345. A 30 year old patient presented with left submandibular swelling that increases and becomes painful during eating. The condition was recurrent and associated with left earache. He may have:

a. Dental caries with submandibular lymphadenitis
b. Submandibular salivary stone
c. Mumps causing submandibular sialadenitis
d. Submandibular pleomorphic adenoma

What is the provisional diagnosis?

1. A 6 year old boy is complaining of fever, dysphagia and sore throat. The condition was repeated 7 times in the last year. Examination showed bilateral congested tonsils with yellowish spots.

2. A 5 year old boy presented with diminution of hearing. His mother gave history of recurrent bilateral earache, mouth breathing and snoring. Otoscopy showed retracted dull both tympanic membranes.

3. A 4 year old child presented with dysphagia. He was on antibiotics for the last 10 days. Examination showed white coated tongue without suppuration, and his temperature was normal.

4. A 10 year old patient presented with fever (39), dysphagia, sore throat and abdominal pain. Examination showed pharyngitis with enlarged lymph nodes all over the body. CBC showed lymphocytosis with predominant monocytes (atypical lymphosytes).

5. A 30 year old female presented with dysphagia for 3 years, associated with dyspepsia and tongue ulcerations. Abdominal examination showed enlarged spleen, CBC showed microcytic hypochromic anaemia with normal levels of lymphocytes and platelets.

6. A 20 year old female patient gives history of fever and difficulty of swallowing of 3 days duration. The condition progressed to throbbing pain and swelling in the left side of neck with severe dysphagia, dribbling of her saliva and inability to open the mouth. There was left earache.

7. A 9 year old child presented with fever (39), inability to open his mouth properly, severe dysphagia, pain in right side of the neck referred to right ear and neck swelling on the right side. The patient gave history of tonsillectomy 4 days before and on examination there was swelling on the right pharyngeal wall which is also can be palpated on right side of the upper part of neck.

8. A 35 year old man developed severe dysphagia, fever and tender submandibular swelling followed 3 days later by respiratory difficulty. Examination of his oral cavity showed dental caries, gingivitis with congested elevated floor of the mouth.

9. A 4 year old child presented with severe dysphagia with drippling of saliva from his mouth, and difficulty respiration. His neck was flexed with inability to do extension, on examination there was a swelling on the right side of the posterior pharyngeal wall with enlarged tender right upper deep cervical lymph nodes.

10. A 60 year old man presented with left sided neck swelling with regurgitation of undigested food on lying down. Examination showed cystic swelling on the left side of the neck which was not tender, indirect laryngoscopy showed froth in the left pyriform fossa.

11. A 16 year old boy presented with unilateral nasal obstruction and recurrent severe epistaxis, examination showed unilateral nasal mass.

12 An old man with right ear deafness and tinnitus associated with right nasal obstruction and epistaxis. Examination of the right ear showed absent cone of light with bubbles behind intact retracted drum.

13. A 7 year old child developed bleeding per mouth 6 hours after tonsillectomy, the pulse was 110/min., blood pressure 90/60, and he vomited about 200cc of a dark fluid. 2 hours later he vomited another 150 cc of the same fluid, the pulse became 130/min. the blood pressure became 80/50.

14. A 3 year old girl presented with dysphagia, loss of weight, and choking during feeding for the last 4 months. The parents gave history of difficulty breathing and ulcerations of her mouth before starting the condition. The barium swallow showed a very long oesophageal stricture.

15. A 2 year old child presented with nasal regurgitation of fluid dating since birth, and diminution of hearing with delayed speech development.

Otoscopic examination of ear showed dull retracted both tympanic.membranes, oral examination showed a congenital anomaly.

16. A 2 year old child developed common cold followed 2 days later by severe inspiratory stridor, hoarseness and dry cough.

17. A 2.5 year old boy is complaining of sridor, productive cough (expectorant) following running nose.

18. A 2 year old child developed severe stridor with dysphagia after common cold, oral examination showed large cystic swelling covering the tongue base.

19. A young boy developed sudden respiratory difficulty during eating. The condition improved spontaneously followed 2 days later by cough and dyspnea.

20. A 3 month old infant presented with repeated attacks of inspiratory stridor that increase with lying on the back and improve on lying prone. His crying showed no hoarseness. Flexible laryngoscopy showed folded epiglottis that prevents viewing of the vocal cords.

21. A 48 year old patient complained of difficulty of breathing of 3 months duration, he gave long history

of cough and expectoration which is sometimes bloody. Indirect laryngoscopy showed pale granulations in the interarytenoid region.

22. A 30 year old man who was a victim to a car accident, he was admitt ed in coma in the ICU for 3 weeks while artificial ventilation was used. Now he is fully conscious but he is complaining of difficulty of breathing with noisy sound during the in and expiration.

23. A female teacher presented with hoarseness of voice for the last 2 months. She received medical treatment but it was not helpful.

24. A 9 year old boy developed changes of his voice that was followed by stridor. The stridor became severe that necessitate tracheostomy. Direct laryngoscopy showed multiple polypoid tissues that were removed. The condition recurred after one year and surgical intervention was performed again.

25. A 35 year old woman complained of long history of goiter, thyroidectomy was done one month ago. Now she is complaining of hoarseness of voice that started immediately after the operation.

26. A female patient was subjected to neck surgery to remove a benign midline neck swelling, at the end of the operation she felt difficulty in respiration that needed tracheostomy.

27. A 62 year old man presented with progressive diminution of hearing in right ear. He had a swelling in the right upper neck. For the past month, he complained of blurred vision and facial pain. Otoscopy showed retracted mildly congested right drum. Weber was lateralized to the right ear. There was limitation of right ocular mobility and right vocal cord. Neck examination showed enlarged hard right upper deep cervical nodes.

28. A 50 year old man presented with dysphagia for solids and progressive loss of weight for the last 3 months. 3 weeks ago, he developed neck swelling on the right side.

29. A 50 year old man who is chronic heavy smoker developed hoarseness, which was progressive for a month. Indirect laryngoscopy revealed vocal cord polypoid mass.

30. A 35 year old female patient complained of dysphagia for fluids more than for solids which was recurrent and increase with stress, associated with regurgitation of undigested food, no hematemeis or melena, and no loss of weight.

31. A 6 year old boy complained of snoring and sleep apnea, x-ray on nasopharynx was requested and he diagnosed to have adenoid. Adenoidectomy was performed and the child's breathing was improved, but he complained of nasal tone of voice of hypernasal type for 6 months. He received speech therapy which was not helpful.

32. A 50 year old man who is chronic heavy smoker developed hoarseness of voice. He started to complain of cough and infrequent heamoptysis for the last 6 months. Indirect laryngoscopy revealed left vocal cord paralysis with no laryngeal masses.

33. A 60 year old male patient experienced left earache 3 months ago. One month later a swelling appeared on the left side of the neck that progressively increased in size. 2 weeks ago, he complained of dysphagia. He started to complain of hoarseness 4 days ago. Indirect laryngoscopy showed froth behind the left side of the larynx.

34. A 60 year old smoker man complained of change of voice for the last 4 months which was progressive. 2 weeks ago, he developed respiratory difficulty and dysphagia for solids. Neck examination showed enlarged right upper deep cervical lymph nodes.

35. A 5 year old child presented with midline neck swelling that moves up and down with swallowing and with protrusion of the tongue. Examination of the mouth and tongue revealed no abnormality.

36. A 40 year old man presented with neck swelling which was cystic and increases with straining, the swelling was located to the right side of the mid-line below the hyoid bone. He also complained of change of his voice and some breathing difficulty. Flexible laryngoscopy showed cystic swelling of the right ary-epiglottic fold that increase with compression of the neck swelling.

37. A 65 year old male patient presented with diminution of hearing in his right ear for the last 3 months. On examination the right ear drum was opaque and retracted and Weber's test showed lateralization to the right side, the left ear was normal.

38. A male patient aged 50 years, presented with dysphagia for solids more than fluids. The condition started 4 months ago which is progressive with loss of weight.

39. A 50 year old male presented with a painless hard swelling on the upper part of the left side of the neck, the condition started 2 months ago with gradual onset and slowly progressive course.

40. A 50 year old man complained of snoring by night associated with recurrent attacks of breathing difficulty that interfere with the continuation of sleep. The patient was obese and hypertensive.

41. A 7 year old girl presented to the emergency room with severe bleeding per mouth, her parents gave history of tonsillectomy 5 days ago. The child was feverish (38.5°).

42. A 2 year old child presented with difficulty of breathing. Examination showed a purple swelling in the right side of the neck, normal nose with subglottic purple mass.

43. A 23 year old woman presented with bilateral nasal obstruction of 7 years duration with difficulty of breathing of 6 months duration. Examination of his nose showed bilateral nasal masses and the indirect laryngoscopy showed subglottic mass.

44. A 3 year old child with cystic swelling along the anterior border of the upper one third of left sternomastoid muscle, it was not painful and not tender. The swelling was not related to swallowing or protrusion of the tongue.

45. A 35 year old patient presented with left submandibular swelling that increases and becomes painful during eating especially citrus food. The condition was recurrent and associated with left earache.

46. A 3 year old girl presented with diffuse cystic swelling on the right side of the neck, extended up to

the tail of the parotid, posteriorly to the posterior triangle, anteriorly to the mid-line of the neck and down to the clavicle. The swelling dating since birth but it was smaller in size. CT showed mulilocculated cyst on the right side of the neck, encroaching on the airway and reaching to the thoracic inlet.

47. A 50 year old female patient presented with left sided neck swelling for 3 years. The swelling was firm, not tender and elevate the ear lobule.

48. A 40 year old female patient presented with swelling in the anterior part of the neck, the swelling was nodular, firm, not tender, moves up and down with swallowing and does not move with protrusion of the tongue.

Answers

EAR

1=b	2=b	3=c	4=a	5=b	6=d	7=d	8=b	9=d	10=c
11=b	12=c	13=a	14=b	15=b	16=c	17=e	18=c	19=c	20=a
21=c	22=c	23=b	24=c	25=c	26=d	27=c	28=b	29=b	30=b
31=a	32=c	33=d	34=c	35=c	36=c	37=a	38=d	39=a	40=a
41=a	42=a	43=c	44=c	45=a	46=c	47=a	48=c	49=c	50=a
51=c	52=b	53=d	54=d	55=d	56=a	57=b	58=b	59=d	60=c
61=b	62=a	63=d	64=b	65=a	66=d	67=c	68=a	69=a	70=d
71=a	72=b	73=c	74=e	75=a	76=b	77=a	78=c	79=b	80=c
81=b	82=c	83=a	84=a	85=c	86=b	87=b	88=c	89=c	90=c
91=b	92=c	93=e	94=c	95=d	96=c	97=a	98=a	99=b	100=c
101=d	102=c	103=c	104=c	105=c	106=c	107=a	108=d	109=d	110=c
111=d	112=a	113=d	114=a	115=d	116=c	117=b	118=a	119=b	120=d
121=c	122=c	123=a	124=c	125=c	126=d	127=a	128=b	129=c	130=d
131=c	132=b	133=c	134=b	135=c	136=b	137=c	138=c	139=d	140=c
141=c	142=d	143=b	144=c	145=c	146=d	147=c	148=b	149=b	150=b
151=b	152=d	153=c	154=d	155=d	156=c	157=c	158=c	159=c	160=c
161=b	162=c	163=d	164=c	165=d	166=b	167=b	168=d	169=b	170=b
171=c	172=c	173=c	174=b	175=b	176=c	177=b	178=d	179=a	180=b
181=c	182=c	183c,d	184=b	185=c	186=b	187=c	188=a	189=c	190=b
191=c	192=b	193=d	194=c	195=b	196=c	197=b	198=d	199=d	200=a
201=b	202=c	203=d	204=d	205=c	206=b	207=c	208=c	209=c	210=b
211=b	212=c	213=c	214=b	215=d	216=d	217=c	218=c	219=d	220=d
221=a	222=b	223=d	224=c	225=b	226=b	227=d	228=c	229=b	230=c
231=a	232=d	233=d	234=c	235=c	236=d	237=b	238=a	239=c	240=c
241=a	242=a	243=a	244=d	245=c	246=d	247=b	248=a	249=a	250=b
251=d	252=d	253=b	254=d	255=b	256=b	257=c	258=d	259=c	260=a
261=b	262=c	263=d	264=d	265=a	266=b	267=b	268=c	269=a	270=c
271=a	272=b	273=b	274=c	275=d	276=b	277=b	278=d	279=a	280=a
281=a	282=d	283=b	284=a	285=d	286=c	287=d	288=a	289=d	290=b
291=a	292=c	293=b	294=b	295=d	296=b	297=d	298=d	299=b	300=b
301=b	302=d	303=c	304=a	305=b	306=c	307=d	308=a	309=c	310=b
311=a	312=c	313=b	314=c	315=b	316=b	317=b	318=a	319=b	320=b

321=b	322=c	323=d	324=b	325=b	326=a	327=b	328=a	329=a	330=a
331=b	332=b	333=b	334=d	335=b	336=d	337=b	338=c	339=b	340=c
341=a	342=a	343=d	344=c	345=b	346=c	347=c	348=a	349=c	350=c
351=d	352=a	353=b	354=c	355=c	356=d	357=c	358=b	359=b	360=d
361=a	362=c	363=c	364=c	365=a	366=b	367=c	368=c	369=c	370=c
371=c	372=d	273=c	374=c	375=a	376=c	377=a	378=a	379=b	380=a
381=c	382=c	383=b	384=c	385=c	386=c	387=a	388=c	389=b	390=b
391=d	392=c	393=c	394=a	395=c	396=b	397=d	398=a	399=b	400=b
401=c	402=b	403=d	404=b	405=c	406=b	407=c	408=b	409=a	410=c
411=d	412=a	413=c	414=c	415=b	416=a	417=c	418=a	419=c	420=c
421=a	422=a	423=b	424=a	425=b	426=a	427=b	428=a	429=c	430=b
431=b	432=d	433=c	434=b	435=c	436=d	437=a	438=b	439=b	440=b
441=d	442=b	443=a	444=d	445=d	446=d	447=b	448=b	449=c	450=b
451=c	452=a	453=b	454=d	455=d	456=a	457=b	458=a	459=b	460=a
461=b	462=c	463=c	464=c	465=c	466=d	467=a	468=b	469=b	470=b
471=b	472=b	473=d	474=a	475=a	476=a	477=d	478=d	479=a	480=d
481=a	482=b	483=a	484=a	485=c	486=a	487=b	488=c		

Problem solving=Ear

1. Acute otitis media on left side	2. Otitis externa on top of otomycosis (right side)
3. Bollous myringitis on right side	4. Bil. Ear wax
5. Diffuse otitis externa (left side)	6. Furuncle on right ear
7. Traumatic rupture with 2ry infection	8. Malignant otitis externa (right side)
9. Ramsay-Hunt syndrome (left side)	10. Acute otitis media (right side)
11. Bil. Secretory otitis media	12. Adenoid causing bil. Secretory otitis media
13. Bil Secretory otitis media 2ry to incomplete treatment of AOM	14. Bil. Secretory otitis media
15. CSOM of safe type (right ear)	16. Left unsafe CSOM complicated with brain abscess
17. Left unsafe CSOM complicated	18. Right AOM complicated with

with petrositis	facial paralysis
19. Left unsafe CSOM complicated with meningitis	20. Right AOM complicated with mastoiditis
21. Right unsafe CSOM complicated with lateral sinus thrombophlebitis	22. Left unsafe CSOM complicated with facial paralysis
23. Bil. Safe CSOM with exacerbation	24. Otosclerosis (↑ CHL on right side)
25. Meniere's disease (right side)	26. Longitudinal fracture temporal bone
27. Glomus tumor (right side)	28. Acoustic neuroma (left side)
29. Malignant change on top of CSOM	30. Bell's palsy (left side)
31. Cleft palate with secretory otitis media	32. Ototoxic hearing loss
33. Aural atresia with microtia	34. AOM with perforation
35. TMJ arthritis (right side)	36. BPPV (right side)
37. Vestibular neuritis	38. Presbyacusis
39. Traumatic facial paralysis (left)	40. Bell's palsy (right side)
41. Right unsafe CSOM complicated with facial paralysis	42. Transverse fracture temporal bone
43. Otitic barotraumas (right side)	44. Angifibroma with left secretory otitis media
45. Traumatic facial paralysis (right)	46. Post-neonatal jaundice SNHL
47. Autoimmune SNHL (right side)	48. Bil. Secretory otitis media

Nose

1=a	2=d	3=c	4=b	5=b	6=b	7=c	8=c	9=a	10=c
11=d	12=b	13=b	14=b	15=c	16=c	17=b	18=d	19=a	20=c
21=d	22=c	23=b	24=c	25=d	26=a	27=a	28=c	29=a	30=b
31=a	32=d	33=b	34=c	35=c	36=a	37=d	38=b	39=d	40=a
41=b	42=d	43=a	44=c	45=c	46=c	47=d	48=b	49=d	50=d
51=d	52=b	53=b	54=a	55=c	56=c	57=a	58=b	59=b	60=b
61=d	62=c	63=c	64=b	65=c	66=d	67=a	68=b	69=b	70=d
71=d	72=b	73=d	74=b	75=d	76=c	77=b	78=d	79=c	80=d
81=a	82=c	83=c	84=b	85=d	86=c	87=b	88=c	89=c	90=d
91=d	92=b	93=c	94=d	95=a	96=a	97=d	98=c	99=d	100=b
101=b	102=c	103=d	104=a	105=c	106=c	107=b	108=d	109=b	110=a
111=c	112=b	113=a	114=b	115=d	116=a	117=a	118=e	119=d	120=e
121=c	122=c	123=d	124=c	125=d	126=b	127=a	128=b	129=d	130=d
131=b	132=a	133=d	134=a	135=a	136=c	137=c	138=b	139=a	140=b
141=d	142=a	143=c	144=c	145=c	146=c	147=c	148=c	149=d	150=d
151=b	152=d	153=a	154=b	155=b	156=a	157=c	158=a	159=b	160=a
161=a	162=a	163=b	164=a	165=d	166=b	167=c	168=d	169=a	170=b
171=b	172=d	173=a	174=d	175=a	176=b	177=d	178=d	179=c	180=a
181=a	182=a	183=b	184=a	185=c	186=b	187=a	188=c	189=a	190=b
191=b	192=c	193=a	194=b	195=a	196=c	197=a	198=b	199=a	200=c
201=d	202=d	203=d	204=b	205=c	206=a	207=b	208=a	209=c	210=b
211=c	212=b	213=d	214=b	215=b	216=c	217=d	218=d	219=d	220=b
221=c	222=d	223=c	224=a	225=d	226=d	227=d	228=a	229=d	230=d
231=c	232=b	233=c	234=b	235=b	236=a	237=b	238=c	239=c	240=d
241=b	242=c	243=a	244=c	245=d	246=a	247=b	248=d	249=d	250=a
251=a	252=c	253=c	254=c	255=d	256=b	257=b	258=c	259=c	260=c

Problem solving = Nose

1. Bil congenital choanal atresia	2. FB in left nasal side
3. CSF rhinorrhoea	4. Oro-antral fistula with maxillary sinusitis on left side
5. Maxillary sinusitis of dental origin (right)	6. Septal hematoma
7. Nasal furuncle (diabetic)	8. Rhinolaryngoscleroma
9. Atrophic rhinitis	10. Mucormycosis
11. Complicated sinusitis (orbital) on top of exacerbation	12. Complicated sinusitis (frontal abscess) on top of exacerbation
13. Adenoid causing sinusitis	14. Acute ethmoidal sinusitis
15. Septal perforation	16. Complicated sinusitis (orbital)
17. Allergic rhinitis	18. Allergic nasal polypi
19. Antrochoanal polyp (right)	20. Malignant nasal tumor
21. Hypertension (most probably)	22. CSF rhinorrhoea
23. FB in left nasal side	24. Rhinolaryngoscleroma
25. Mucormycosis	26. Acute frontal sinusitis (right)
27. Allergic rhinitis	28. Idiopathic epistaxis
29. Fracture nasal bones ???	30. FB in right nasal side

THROAT

1=d	2=d	3=c	4=d	5=a	6=d	7=c	8=b	9=d	10=b
11=a	12=b	13=a	14=b	15=a	16=b	17=b	18=a	19=b	20=d
21=b	22=c	23=b	24=b	25=c	26=a	27=b	28=c	29=b	30=d
31=b	32=a	33=c	34=c	35=c	36=d	37=a	38=c	39=a	40=d
41=b	42=a	43=c	44=b	45=d	46=c	47=a	48=c	49=a	50=c
51=d	52=c	53=c	54=b	55=b	56=d	57=d	58=d	59=d	60=a
61=d	62=a	63=c	64=d	65=d	66=b	67=b	68=a	69=a	70=d
71=c	72=d	73=d	74=b	75=a	76=e	77=d	78=d	79=b	80=a
81=c	82=a	83=b	84=d	85=a	86=a	87=c	88=b	89=d	90=a
91=a	92=b	93=b	94=b	95=c	96=b	97=b	98=a	99=d	100=c
101=c	102=b	103=c	104=c	105=d	106=b	107=b	108=b	109=a	110=d
111=a	112=d	113=b	114=b	115=d	116=a	117=d	118=b	119=b	120=c
121=c	122=a	123=a	124=c	125=b	126=d	127=d	128=d	129=d	130=c
131=a	132=a	133=c	134=a	135=b	136=b	137=b	138=c	139=c	140=c
141=d	142=b	143=b	144=a	145=b	146=a	147=d	148=b	149=b	150=a
151=d	152=b	153=d	154=c	155=d	156=d	157=c	158=d	159=a	160=a
161=b	162=b	163=c	164=b	165=d	166=d	167=d	168=b	169=a	170=a
171=c	172=c	173=d	174=b	175=c	176=b	177=a	178=d	179=b	180=d
181=b	182=a	183=d	184=a	185=a	186=c	187=d	188=d	189=d	190=c
191=c	192=d	193=a	194=c	195=b	196=d	197=a	198=a	199=c	200=a
201=c	202=b	203=b	204=d	205=b	206=a	207=c	208=a	209=b	210=c
211=d	212=c	213=b	214=d	215=a	216=c	217=a	218=d	219=c	220=b
221=b	222=b	223=c	224=a	225=d	226=d	227=d	228=c	229=a	230=a
231=d	232=a	233=b	234=b	235=c	236=d	237=c	238=b	239=a	240=b
241=c	242=b	243=d	244=b	245=a	246=a	247=b	248=c	249=d	250=a
251=c	252=a	253=a	254=d	255=c	256=b	257=c	258=c	259=d	260=d
261=d	262=b	263=a	264=b	265=b	266=a	267=c	268=c	269=c	270=c
271=a	272=b	273=b	274=d	275=d	276=c	277=a	278=d	279=b	280=a
281=d	282=d	283=b	284=b	285=c	286=d	287=c	288=a	289=b	290=a
291=d	292=c	293=a	294=d	295=c	296=c	297=b	298=b	299=c	300=c
301=c	302=a	303=d	304=d	305=b	306=c	307=a	308=c	309=c	310=b
311=b	312=a	313=c	314=a	315=b	316=d	317=c	318=d	319=b	320=c

321=c	322=c	323=b	324=c	325=c	326=b	327=d	328=b	329=c	330=c
331=d	332=d	333=c	334=b	335=a	336=a	337=a	338=a	339=d	340=c
341=d	342=b	343=c	344=b	345=b	346=d				

Problem solving = Throat

1. Acute follicular tonsillitis on top of chronic tonsillitis	*2. Adenoid causing bil secretory otitis media*
3. Moniliasis	*4. Infectious mononucleosis*
5. Plummer-Vinson syndrome	*6. Quinsy (left side)*
7. Parapharyngeal abscess (right)	*8. Ludwig's angina*
9. Acute retropharyngeal abscess (right)	*10. Pharyngeal pouch*
11. Nasopharyngeal Angiofibroma	*12. Nasopharyngeal carcinoma causing sec. otitis media (right)*
13. Reactionary post-tonsillectomy hemorrhage	*14. Esophageal stricture after corrosive*
15. Cleft palate causing secretory otitis media	*16. Acute non-specific laryngitis*
17. Acute laryngo-tracheo-bronchitis	*18. Acute epiglottitis*
19. Foreign body (FB) inhalation	*20. Laryngomalacia*
21. T.B. laryngitis	*22. Subglottic stenosis after prolonged intubation*
23. Singer's nodes	*24. Juvenile multiple papillomatosis*
25. Unil. VC paralysis due to unil. Recurrent laryngeal nerve injury	*26. Bil. VC paralysis due to bil. Recurrent laryngeal nerve injury*
27. Right Secretory otitis media, most probably due to nasopharyngeal carcinoma	*28. Hypopharyngeal carcinoma*
29. Cancer larynx	*30. Achalasia of the cardia*
31. Velopharyngeal insufficiency	*32. Bronchogenic carcinoma with left vocal cord paralysis*
33. Pyriform fossa carcinoma (hypopharyngeal)	*34. Cancer larynx extended to hypopharynx*
35. Thyroglossal duct cyst	*36. Laryngocele (combined)*
37. Right Secretory otitis media,	*38. Hypopharyngeal (or*

most probably due to nasopharyngeal carcinoma	*esophageal) carcinoma*
39. *Occult primary*	40. *Sleep apnea syndrome (obesity)*
41. *Secondary post-tonsillectomy hemorrhage*	42. *Subglottic haemangioma*
43. *Rhinolaryngoscleroma*	44. *Branchial cyst*
45. *Submandibular sialadenitis (stone)*	46. *Cystic hygroma*
47. *Benign parotid tumor*	48. *Goiter*

الحمد لله

رقم الايداع 2016 /17939

I.S.B.N.: 978-977-90-4182-3

All rights reserved

حقوق الطبع محفوظة للمؤلف